



CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952



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HEALTH COMMITTEE.

1952.

The Lord Mayor (Ald. Mrs. V. H. Grantham).

Coun. Mrs. I. McCambridge (Chairman).

„ Mrs. M. B. Ferwick (Vice-Chairman).

Ald. J. Chapman, M.B.E.

Ald. J. G. Nixon.

„ T. W. Sword.

„ Mrs. D. A. Fitzpatrick.

Coun. R. M. Henderson, J.P.

Coun. Mrs. R. A. Dixon.

„ Mrs. C. C. Scott, J.P.

„ T. D. Smith.

„ A. Howie.

„ R. G. Hutton.

„ W. G. Benn.

„ Dr. D. R. Milligan.

SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACTS.

The Sub-Committee as to National Health Service Acts consisted of the above members of the Health Committee, together with the following representatives of other bodies :—

British Medical Association and

Local Executive Council Dr. H. F. Wattsford.

Board of Governors of the Teaching

Hospitals Dr. S. Whateley Davidson.

Durham University Prof. Sir J. C. Spence, M.C.

Voluntary Bodies Miss Teresa Merz, O.B.E., J.P.

Miss F. E. Pybus.

Education Committee Coun. P. H. Edwards.

S T A F F .

W. S. WALTON, G.M., M.D., B.Hy., D.P.H.,

Medical Officer of Health and Principal School Medical Officer.

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H.,

Deputy Medical Officer of Health.

General Administration : Chief Clerk, Deputy, 13 Clerks, 4 Typists, Public Relations Officer.

Sanitary Inspection : Chief Sanitary Inspector, Deputy, 21 Inspectors, 3 Assistant Inspectors, 5 Clerks, 2 Typists.

Food Inspection : Veterinary Officer, 5 Inspectors, 9 Rodent Operators, 2 Clerks.

Maternity and Child Welfare Child Welfare Medical Officer, 22 Clinic Medical Officers (part-time), Chief Nursing Officer, Assistant Chief Nursing Officer, Health Visitor Tutor, 50 Health Visitors, 2 Almoners, 1 Orthopædic Nurse, 1 Supervisor of Midwives, 1 Assistant Supervisor, 46 Midwives, 18 Clerks, Dental Officer 2 Dentists and 1 Anæsthetist (all part-time), 1 Dental Mechanic and 1 Receptionist.

District Nursing : 1 Supervisor, 1 Assistant Supervisor, 40 Nurses (including 5 males), 1 Clerk.

Domestic Help : 1 Organiser, 1 Assistant Organiser, 2 Home Visitors, 3 Clerks, 397 Domestic Helps (62 full-time, 335 part-time).

Day Nurseries : Superintendent Matron, Superintendent Warden, 2 Clerks, 7 Nurseries with Matrons, Assistant Matrons, Wardens, Nurses and Domestic Staff.

Vaccination and Immunisation : Administrative Officer (part-time), 7 Clinic Medical Officers (part-time), 3 Nurse-Clerks, 2 Clerks.

Ambulance Service : Ambulance Officer, 1 Assistant, 11 Clerks and Typists, 95 Drivers, 5 Foremen, 2 Female Attendants.

Mental Health : 1 Medical Director (part-time), 4 Duly Authorised Officers, 3 Mental Health Visitors, Occupation Centre Supervisor and Assistant Supervisor.

Chest Clinics (Care and After Care) : 2 Chest Physicians (part-time), 2 Clinic Medical Officers (part-time), 2 Almoners, 2 Clerks (full-time) and 2 Clerks (part-time).

B.C.G. Vaccination : 1 Medical Officer (part-time) and 1 Clerk.

Skin Clinic : 4 Attendants.

School Health Service : Senior School Medical Officer, 6 Assistant School Medical Officers, Senior Dental Officer, 7 Assistant Dental Officers, 5 Physiotherapists, 23 Nurses, 8 Nursing Helpers, 18 Clerks and Clinic Attendants, 1 Dental Mechanic.

To the Lord Mayor, Aldermen and Councillors of the
Newcastle upon Tyne City Council.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting the 80th Annual Report of the Medical Officer of Health. The Report has been prepared on the lines indicated to the Council by the Ministry of Health in Circular 2/53.

The marriage rate of 18·58 was a little higher than in 1951 (18·27). The birth rate of 16·54 showed a slight increase over the rate of 16·46 which obtained in 1951. This was in keeping with the experience of the country generally and is having its effect on the distribution of age grouping within the City's population. The death rate was 11·81 per 1,000 of the population, which is lower than that for last year but higher than the rest of the country generally. The infantile mortality rate for the year 1952 was returned at 29·21 compared with 34·56 during 1951. This figure was the lowest ever recorded for the City. The corresponding rate for England and Wales for 1952 was 27·6.

The challenge of Tuberculosis and its ravages amongst the population continues to be of very serious import to the City. There was, however, a decided drop in the mortality rate for Pulmonary Tuberculosis from 0·377 (1951) to 0·328 (1952) per 1,000 of the population, this latter rate being less than half of those returned for the years 1948 and 1949. There were 95 deaths from Pulmonary Tuberculosis in the City in 1952, as compared with 110 deaths from the disease in 1951. New notifications of Pulmonary Tuberculosis dropped from 485 in 1951 to 430 in 1952. The waiting lists for sanatoria remained much smaller than in recent years because the Regional Hospital Board allocated an increased number of beds to the City during 1952. It will be noted from the report that the City has been divided into two dispensary areas by the Regional Hospital Board and to each of the areas has been attached outlying county districts. For the greater convenience of patients this arrangement has proved to be a success, but some of the administrative adjustments necessary have yet to be cleared up. The load of 430 new cases during the year still showed the serious extent of the disease in our midst and the need for continuing effort.

The Tuberculosis contact clinics for young children were considerably expanded during the year and Dr. Mary Taylor was appointed Medical Officer in charge. Her report on page 117 shows the amount of work now being done and how the framework established will be further developed.

The problems of insufficient housing and overcrowding still loom large in measures available for lessening the spread of Tuberculosis. The Mass X-ray Unit continued to carry out excellent work during the year when 42,449 persons were examined, from which 244 cases of suspected Tuberculosis were discovered and referred for treatment. 159 of these were Newcastle residents.

The condition of much of the housing of the City is one to which your Medical Officers of Health have drawn attention for many years. It remains an urgent and unsolved problem. Since the end of the war and up to the end of December, 1952, just over 6,400 houses have been built, but the Housing Committee still has a waiting list of over 15,000 applicants and is faced with the difficulty of obtaining suitable sites. As I have said in my last six Annual Reports, the conditions under which many inhabitants of the City are compelled to exist are not conducive to the maintenance of good health or to the basis of a good family life. A proportion of illness in the City is certainly associated with over-crowding and bad housing conditions. There has been some considerable progress in the building of houses but the City has a very long way to go before the living conditions of many of the inhabitants can be brought up to what might be termed ordinary reasonable English health standards of the mid-twentieth century. For instance, in the 1 per cent sample tables of the General Register Office based on the 1951 Census, we find that of every 100 households in the City 38 do not possess a separate bath, that 18 are without separate water closet and 17 have no direct piped water supply. There were in 1951 approximately 87,800 households with 281,100 persons occupying 318,800 rooms giving a proportion of 0.88 persons per room throughout the City. This figure is one of the highest recorded for any area in England and Wales.

It would appear that some 18,800 of the 87,800 households in the City at the time of the 1951 Census, lived in one or in two roomed " dwellings " and that a further 23,100 lived in three-roomed dwellings. Of the households living in 1 or 2 rooms, it was estimated approximately 7,200 constituted " one person households " but even so that left some 11,600 households of more than one person domiciled in one

or two rooms. Not alone is this position of overcrowding to be seriously considered but the wearing out of old houses continues inevitably and in addition the leeway of the lack of building in the 1940's is yet to be made up. This is a picture not peculiar to Newcastle, for the rest of the country has some problems though probably not to the same degree. The sample census housing figures certainly do show how Tyneside and the Counties of Northumberland and Durham and Newcastle have to face a more difficult task than areas further to the south.

A short synopsis of the work carried out by the school Health Service is given in this Report and gratitude is expressed to the Education Committee and the Director of Education for their help in the extensive refitting of the clinics. With the coming into action of the new Central Clinic and strengthening of staff, particularly in the medical and dental services, the School Health Service is now very efficient and able to meet most of the demands placed upon it. The provision of reports from hospitals and arrangements for close co-operation with the general practitioners added considerably to the efficiency of the Service.

Measles, German Measles and Whooping Cough were very prevalent during the year. There were several cases of food poisoning and one death.

The routine work of the environmental health services and of the inspection of meat, milk and other foods, and of premises associated with food, continue to give the public an efficient protective service. The work carried out by the Sanitary Inspectors' Department and by the Veterinary Department does not usually attract much public attention except when there has been some case of default by suppliers or by the occurrence of some health nuisance. Routine supervision nevertheless receives day to day attention and perusal of the detailed reports will show the amount of work which has constantly and efficiently been carried out.

The Ambulance service carried 115,179 patients and covered 778,885 miles. The Committee's policy of development now enables this Service to meet demands under most conditions likely to arise.

During 1952, 39,258 new sickness insurance claims were received from the area by the Ministry of National Insurance, a weekly average of 755 claims, the range being from 378 to 1,322 per week, the latter total occurring in the first week of the year. There would appear to

be in the possession of the Ministry of National Insurance much information which would be of use to Local Health Authorities, and it is hoped that the Ministry will soon be in a position to make available to the City information concerning sickness which would be of great use in planning preventive measures.

The excellent relationship as described in the survey report, and which has been established between the Local Authority and the Executive Council was continued during 1952, both authorities serving the same area and the same people, and their agreed general arrangements under the National Health Service Act have considerably developed the medical and nursing services of the City available in the homes of the people. The personal relationships in this joint work have been outstanding and sincere tribute is due to Mr. A. Morris (now retired), the Clerk to the Newcastle upon Tyne Executive Council, and to Dr. H. F. Wattsford and Dr. F. J. Robertson, the Chairman and Secretary of the Local Medical Committee.

Tribute is also due to the Regional Hospital Board for making available specialist services to the City, and it is hoped during the next two or three years to establish closer contact with the Regional Hospital Board so far as joint arrangements are concerned.

In response to a request from the Ministry of Health, there is included in this year's report a separate survey of the health services provided by the Council under the National Health Service Act, which came into operation on the 5th July, 1948. There are, of course, many other equally important Health Services provided by the Council under the 1936 Public Health Act, and other Acts and these services are described elsewhere in the report.

Perhaps I may draw your attention to a tendency which has arisen in the working out of the National Health Service Act since 1948 and one which has placed such emphasis, financial and otherwise, on the hospital services. The balance pan representing the hospital has settled down firmly and left the pan representing domiciliary and the general practitioner services of the Act, swinging a little in mid-air. It is true that everyone would wish for the very best hospital attention in time of clinical crisis and strangely enough the public seems satisfied if the ambulance arrives promptly and the patient is delivered to hospital. Then, apparently, all that is humanly possible has been done and friends and relatives rest assured in their own minds that their part has been played. A magnificent tribute to the hospital

system and mostly deserved ! If the treatment has been very expensive, we are proud that it has been made available but occasionally it so happens that the "return" reckoned in terms of the degree of capacity with which the patient can resume his former working position in life is in inverse proportion to the large expenditure.

Hospital admission and stay is usually but a dramatic interlude in sickness and incapacity. Much the longer period is spent in the home where the Part III (Local Health Authority) and the Part IV (General Practitioner) Services are quietly providing nursing, medical and after care facilities. Of patients admitted to hospital, there is a proportion who die before three years have elapsed, there is a considerable proportion of hospital patients who are patched up as it were, but who never return to full capacity in their former work, and there is a proportion who never return to work. The hospital, naturally, admits the cases carrying the greater risks and results are affected accordingly. But the country seems slow to realise the equally great part which the domiciliary services can play in restoring citizens to health and to working capacity, and the great part which the domiciliary services can play in prevention of illness and of maintenance of health.

The City Council has been aware of the services which can and should be provided for people in their own homes and has accordingly strengthened the Home Nursing, Health Visiting and Home Help Services in the City, so that for strength and efficiency they can compare favourably with those of other major Local Health Authorities.

I would like to express, on behalf of the Health Department staffs, our appreciation for the help and interest of the members of the Health Committee throughout the year. Grateful thanks and acknowledgment of excellent service are due to members of the administrative, clerical, technical, nursing and medical staffs.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. S. WALTON,

Medical Officer of Health.

Health Department,

Town Hall,

Newcastle upon Tyne, 1.

August, 1953.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, CREMATION, etc.

SUMMARY OF STATISTICS, 1952.

Population	289,800.
Area	11,401 acres.
Birth Rate	Crude.... 16·54 per 1,000 population.
	Corrected 16·04 ,, ,,
Death Rate	Crude.... 11·81 ,, ,,
	Corrected 12·87 ,, ,,
Infant Mortality Rate	29·21 per 1,000 live births.
Neo-Natal Mortality Rate.....	18·37 ,, ,,
Maternal Mortality Rate	1·016 per 1,000 live and still births.
Tuberculosis Death Rate :—	
All forms	0·369 per 1,000 population.
Pulmonary	0·328 ,, ,,
Non-pulmonary.....	0·041 ,, ,,
Infectious Diseases Death Rate	0·06 ,, ,,
Marriage Rate	18·58 ,, ,,
Inhabited Houses.....	84,886
Rateable Value	£2,851,971.
Product of 1d. rate.....	£11,604 12s. 8d.

GENERAL STATISTICS.

POPULATION.—The mid-year population, as estimated by the Registrar-General, was 289,800, and represents a decrease of 1,900 on the 1951 estimated population.

BIRTHS.—There were 4,792 live births recorded, representing a crude birth rate of 16·54 per 1,000 population, as compared with a rate of 16·46 for the year 1951. The City birth rate is higher than that for

England and Wales—15·3, but is slightly lower than the rate for the 160 large towns, viz., 16·9 per 1,000 population.

In addition to the above, there were 130 still-births, representing a still-birth rate of 26·40 per 1,000 live and still births.

LIVE BIRTHS.				STILL BIRTHS.		
SEX.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ..	2,330	119	2,449	59	4	63
Female	2,239	104	2,343	65	2	67
Totals .	4,569	223	4,792	124	6	130

DEATHS.—The net deaths amounted to 3,424, equivalent to a crude rate of 11·81 per 1,000 population, as compared with a rate of 13·38 in 1951. The death rate for England and Wales in 1952 was 11·3, whilst the rate for the 160 large towns was 12·1.

INFANTILE MORTALITY.—140 infants died before completing the first year of life, representing a rate of 29·21 deaths per 1,000 live births, compared with the England and Wales figure of 27·6 and 31·2 for the 160 great towns.

Of the 140 infant deaths, 88 occurred before attaining the age of one month, making a neo-natal mortality rate of 18·37 per 1,000 live births. Once again prematurity accounted for the greatest number of deaths in this group.

MATERNAL MORTALITY.—5 maternal deaths occurred during the year, producing a mortality rate of 1·016 per 1,000 live and still births, a considerable increase over the figure for 1951, viz., 0·20. The England and Wales maternal mortality rate for 1952 was 0·72.

TUBERCULOSIS.—107 persons died from various forms of tuberculosis during the year, 95 being from pulmonary and 12 from non-pulmonary tuberculosis. The equivalent death rates are as follows : All forms 0·369, pulmonary 0·328, and non-pulmonary 0·041 per 1,000 population.

These rates, whilst considerably lower than last year, are still higher than the England and Wales figure of 0·24 per 1,000 population for all forms of tuberculosis, and they are also higher than the rate for the 160 large towns, viz., 0·28.

INFECTIOUS DISEASES.—This group now forms only a very small proportion of the total deaths in the City. There were only 17 deaths during the year (excluding diarrhoea, pneumonia and tuberculosis), representing a rate of 0·06 per 1,000 population, as compared with 0·07 for 1951.

MARRIAGES.—2,692 marriages took place during the year, representing a marriage rate of 18·58 per 1,000 population. For comparison purposes, the rates for the past 10 years are set out below :—

Year.	Population.	No. of Marriages	Marriage Rate.
1952.....	289,800	2,692	18·58
1951.....	291,700	2,664	18·27
1950.....	294,800	2,648	17·97
1949.....	294,540	2,807	19·06
1948.....	293,600	2,880	19·6
1947.....	290,470	2,771	19·1
1946.....	283,740	2,832	19·9
1945.....	265,990	2,935	22·1
1944.....	262,920	2,479	18·8
1943.....	254,890	2,367	18·6

ACCIDENTS.—The Chief Constable reports a decrease in the number of street accidents which took place during the year, viz., 1,555, as against 1,650 in 1951, and it is noteworthy that there was a considerable decrease in the number of children under the age of 15 years who were killed and injured, as shown in the following table :—

	Under 5 years.		5-10 years.		11-15 years.		Total.	
	1951	1952	1951	1952	1951	1952	1951	1952
Killed	9	3	3	..	1	1	13	4
Injured	62	39	86	70	60	22	208	131

Accidents which occur in the home are not normally reported and therefore accurate statistics are not available, but it has been authoratively stated that the home is more dangerous than the roads. Certainly this is true at the extreme ages of life, *i.e.*, under five and over sixty-five, particularly the latter. Falls, scalds and burns are the three main groups, the falls being largely due to infirmity with bad lighting and ill-fitting footwear contributing, whilst burns and scalds could in almost every case be attributed to sheer carelessness. Of 167 home accidents which were brought to the notice of the Health Visitors 68 were due to falls and 87 to burns and scalds.

NURSING HOMES.—There are 7 Nursing Homes registered in the City, with a total bed accommodation of 118. 30 of these beds are for maternity cases. All homes were inspected during the year.

CREMATION.—The following table shows for the first time since the City Crematorium opened in October, 1934, a decrease in the number of cremations carried out. This decrease is partly due to the lower death rate and partly because the Crematorium opened at Sunderland in November, 1951, has now had a full year's working.

Yr.	Newcastle Residents.		Non-N/c. Residents Cremated.	Total. Cremations.	% annual increase in Cremations.	% of N/c. to non-N'castle Cremations.	% of N/c. to total Cremations.
	Nett Deaths.	Cremations.					
	1	2	3	4	5	6	7
1934 *	3,646	11	15	26	..	73.33	42.30
1935	3,672	84	104	188	44.61 †	80.76	44.09
1936	3,878	109	161	270	43.61	67.70	40.37
1937	3,864	142	235	377	39.62	60.42	37.66
1938	3,621	206	279	485	28.64	73.83	42.67
1939	3,661	261	376	637	31.34	69.41	40.98
1940	3,733	304	412	716	12.40	73.48	42.45
1941	3,951	340	583	923	28.91	58.31	37.92
1942	3,480	354	643	997	8.01	55.05	35.50
1943	3,709	403	784	1,187	19.05	51.40	33.95
1944	3,508	512	1,027	1,539	29.64	49.85	33.26
1945	3,435	566	1,152	1,718	11.69	49.13	32.95
1946	3,515	645	1,414	2,059	19.84	45.61	31.32
1947	3,747	830	1,747	2,577	25.15	48.09	32.20
1948	3,475	824	1,973	2,797	8.53	42.26	29.46
1949	3,757	970	2,446	3,416	22.13	39.65	28.39
1950	3,925	1,136	2,951	4,087	19.64	38.49	27.79
1951	3,900	1,121	3,306	4,427	8.20	33.90	25.32
1952	3,424	1,111	2,751	3,862	..	40.38	28.77

* Part year.

† Estimated.

The Medical Referee required 42 post-mortem examinations (46 in 1951), largely because of the time elapsing between death and the deceased person being last seen by a doctor. Copies of the findings are sent to the doctors concerned. Only 2 (3 in 1951) post-mortems required further investigation involving analyses. Cremation was refused on one occasion.

HEALTH CONTROL OF AIRPORT.

As a result of the adoption by the Fourth World Health Assembly of the International Sanitary Regulations (World Health Organisation Regulation No. 2), the Public Health (Aircraft) Regulations, 1950, were replaced by new regulations on 1st October, 1952.

Under the new regulations, the Personal Declaration of Origin and Health which had formerly to be completed by passengers arriving from other countries (with certain exceptions) can now no longer be required. A consequence of this is that the Medical Officer of Health has no record of the destination of passengers arriving at Woolsington and the tracing of contacts of any passenger who subsequently developed an infectious disease cannot be undertaken by him. The new procedure, whereby the Medical Officer, on becoming aware of such a case, telephones the information to the Ministry of Health, who may arrange for a message to be put out through the B.B.C. and the Press, asking passengers to report to their nearest Medical Officer of Health or any other doctor, can hardly be considered a satisfactory method of tracing contacts.

The duties imposed by the Regulations necessitated the attendance of the Medical Officer of Health or his deputies on four occasions. Three of the aircraft came from Norway and one from Sweden.

The Regulations exempt passengers from certain countries from the requirements of medical inspection, but duties as Medical Inspector of Aliens under the Aliens Order, 1920, make the attendance of a Medical Officer necessary whenever aircraft carrying alien passengers land. During the year three aircraft from "excepted" countries landed; two from Holland and one from France.

The work carried out is summarised as follows :—

PUBLIC HEALTH AIRCRAFT REGULATIONS, 1950 AND 1952.

No. of Aircraft	4
No. of passengers medically inspected	94
(Nationalities : British 52, Norwegian 17, Swedish 17, Danish 5, Estonian 2, Finnish 1).	

ALIENS ORDER 1920.

No. of aircraft from "excepted" countries	3
Special examinations required	Nil.

NATURAL AND SOCIAL CONDITIONS.

GEOLOGY.—The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

CLIMATOLOGY.—The weather during 1952 was little better than in the previous year. There was more sunshine and slightly less rain, but the mean maximum and minimum temperatures were lower than in 1951. The following table summarises the recordings taken at Leazes Park, King's College, Cockle Park (Morpeth), and Hexham.

METEOROLOGICAL RECORDS, 1952.

Month.	SUNSHINE HOURS.			LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Rainfall (inches).	Temperature °F.	
					Mean Max.	Mean Min.
January ..	31.9	51.0	65.6	1.54	38.1	28.7
February ..	44.7	90.0	85.8	0.65	42.7	31.6
March ...	57.0	88.5	80.3	1.05	48.1	35.4
April	100.9	138.0	157.7	0.94	57.0	37.5
May	178.1	193.25	190.1	0.90	66.5	44.0
June	163.6	163.0	182.4	1.71	71.6	47.8
July	178.7	170.75	207.4	0.92	74.5	52.0
August ...	146.3	146.75	177.0	2.46	70.8	50.0
September	80.2	38.5	116.1	3.51	56.7	43.9
October ..	62.1	93.0	112.0	2.77	51.5	40.0
November	41.8	50.5	76.4	3.23	42.8	32.5
December.	19.0	43.5	64.7	3.71	40.0	31.3
Total...	1104.3	1266.75	1515.5	23.39	..	..
Average	92.0	105.56	126.29	1.95	55.0	39.55

WATER SUPPLY.—Details relating to the City's water supply are shown in the Chief Sanitary Inspector's section of this report (see page 135).

SEWERAGE.—There are 447.9 miles of sewers in the City, discharging directly into the Tyne, which is tidal, at various points along the $8\frac{1}{2}$ miles of river frontage.

CLEANSING AND SCAVENGING.—A weekly collection of refuse is made from the whole of the domestic premises, and twice weekly from certain business premises.

SOCIAL CONDITIONS.—The principal trades and occupations are of a healthy nature, and include extensive heavy and light engineering and ancillary industries ; shipbuilding and repair, etc., with related seafaring and harbour work ; machine making ; coal mining ; food and tobacco factories ; brewing, hotels, etc. The City is a large commercial and business centre.

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour and National Service.

Date	Males (aged 15 and over.)	Females (aged 15 and over.)	TOTAL.
14th January, 1952.	3,670	1,729	5,399
8th December, 1952	3,191	1,715	4,906

NOTE :—Persons classified as not suitable for ordinary employment are excluded.

INHABITED HOUSES.—There are 84,886 inhabited houses, which, on the estimated population, shows an average of 3·414 persons per dwelling.

RATEABLE VALUE.—A penny rate produced £11,604 12s. 8d., the gross rateable value being £2,851,971, as against £2,830,194 in 1951.

Vital Statistics of Whole City during 1952, and previous years.

YEAR.	Population estimated to Middle of each Year.	LIVE BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE CITY.			
		Uncor- rected Number	Net.		Number	Rate.	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1915	278,107	7,575	7,545	27.8	5,257	18.9	693	207	1,007	133	4,771	17.2
1916	278,107	7,332	7,248	26.2	4,875	17.5	680	232	899	123	4,427	15.9
1917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
1918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
1919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	12.5
1925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	12.5
1926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9
1940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6
1941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5
1942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7
1943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6
1944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3
1945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0
1946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4
1952	289,800	5,982	4,792	16.5	4,099	14.2	1012	337	140	29	3,424	11.8

* Calculated on a population of 282,200.

† Rates calculated on a population of 291,025.

[Civilians only.

‡ Death-rate calculated on a population of 283,200.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1952.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
1—Tuberculosis, respiratory	M.	60	..	..	..	1	15	29	14	1
	F.	35	..	..	..	3	20	10	2	..
2—Tuberculosis, other	M.	8	..	1	1	2	2	2	..	..
	F.	4	..	2	..	..	1	..	1	..
3—Syphilitic disease	M.	9	..	..	..	..	1	3	4	1
	F.	3	..	..	..	..	..	1	1	1
4—Diphtheria	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
5—Whooping cough	M.	1	..	1	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
6—Meningococcal infections	M.	1	1	..	..	..	..	..	..	..
	F.	1	..	1	..	..	..	..	..	..
7—Acute poliomyelitis	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
8—Measles	M.	..	..	..	..	..	..	..	..	..
	F.	1	1	..	..	..	..	..	..	..
9—Other infective and parasitic diseases	M.	6	1	..	..	..	2	..	1	2
	F.	7	2	..	..	1	1	2	..	1
10—Malignant neoplasm, stomach	M.	68	..	..	..	..	3	29	17	19
	F.	44	..	..	..	..	1	17	13	13
11—Malignant neoplasm, lung, bronchus	M.	93	..	..	..	..	5	58	26	4
	F.	21	..	..	..	..	1	10	7	3
12—Malignant neoplasm, breast	M.	..	..	..	..	..	..	..	..	..
	F.	38	..	..	..	..	6	16	10	6
13—Malignant neoplasm, uterus	F.	29	..	..	..	..	3	12	8	6
14—Other malignant and lymphatic neoplasms	M.	173	..	1	..	1	13	49	54	55
	F.	134	..	1	2	1	4	46	41	39
15—Leukæmia, aleukæmia	M.	7	..	..	1	..	2	1	1	2
	F.	7	..	..	1	..	1	2	1	2
16—Diabetes	M.	7	..	..	..	..	..	2	1	4
	F.	9	..	..	..	..	..	3	2	4
17—Vascular lesions of nervous system	M.	217	..	..	..	..	4	39	88	86
	F.	272	..	..	..	..	5	44	86	137
18—Coronary disease, angina	M.	282	..	..	..	..	8	116	92	66
	F.	185	..	..	..	..	..	42	82	61
19—Hypertension with heart disease	M.	26	..	..	..	..	2	5	11	8
	F.	23	..	..	..	..	1	5	8	9

Causes of Death at different periods of life for 1952—*continued.*

CAUSES OF DEATH.	Sex	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M.	203	..	..	..	3	9	38	56	97
	F.	292	..	..	..	3	16	39	75	159
21—Other circulatory disease	M.	116	..	..	..	1	1	15	31	68
	F.	94	..	..	..	..	1	7	28	58
22—Influenza	M.	4	..	..	..	..	..	2	1	1
	F.	4	..	..	..	..	1	1	..	2
23—Pneumonia	M.	91	12	2	1	1	3	15	26	31
	F.	63	12	1	1	1	..	7	14	27
24—Bronchitis	M.	119	4	1	..	..	5	35	38	36
	F.	66	1	..	..	..	2	4	24	35
25—Other diseases of respiratory system	M.	17	..	..	..	..	3	2	6	6
	F.	12	..	1	1	..	1	4	..	5
26—Ulcer of stomach and duodenum	M.	25	..	..	..	..	1	17	5	2
	F.	2	..	..	..	..	1	..	..	1
27—Gastritis, enteritis and diarrhoea	M.	12	4	1	..	..	1	4	..	2
	F.	9	3	..	..	..	2	1	1	2
28—Nephritis and nephrosis	M.	21	..	..	..	2	5	10	4	..
	F.	27	..	..	1	..	3	4	8	11
29—Hyperplasia of prostate	M.	30	..	..	..	..	..	2	8	20
30—Pregnancy, childbirth, abortion	F.	5	..	..	..	1	4	..	..	..
31—Congenital malformations	M.	9	9	..	..	..	..	..	..	..
	F.	11	8	1	2	..	..	..	..	..
32—Other defined and ill-defined diseases	M.	153	53	2	..	2	12	34	26	24
	F.	143	23	1	..	1	13	24	34	47
33—Motor vehicle accidents	M.	17	..	2	1	3	4	4	1	2
	F.	10	..	2	..	1	..	3	3	1
34—All other accidents	M.	40	2	2	1	5	9	12	4	5
	F.	29	3	..	..	..	2	9	4	11
35—Suicide	M.	16	..	..	..	..	3	8	3	2
	F.	10	..	..	..	..	4	6	..	..
36—Homicide and operations of war	M.	2	..	..	..	1	1	..	..	..
	F.	1	1	..	..	..	..	..	..	..
All causes	M.	1833	86	13	5	22	114	531	518	544
	F.	1591	54	10	8	12	94	319	453	641

CANCER DEATHS IN AGES (MALE AND FEMALE)—1952.

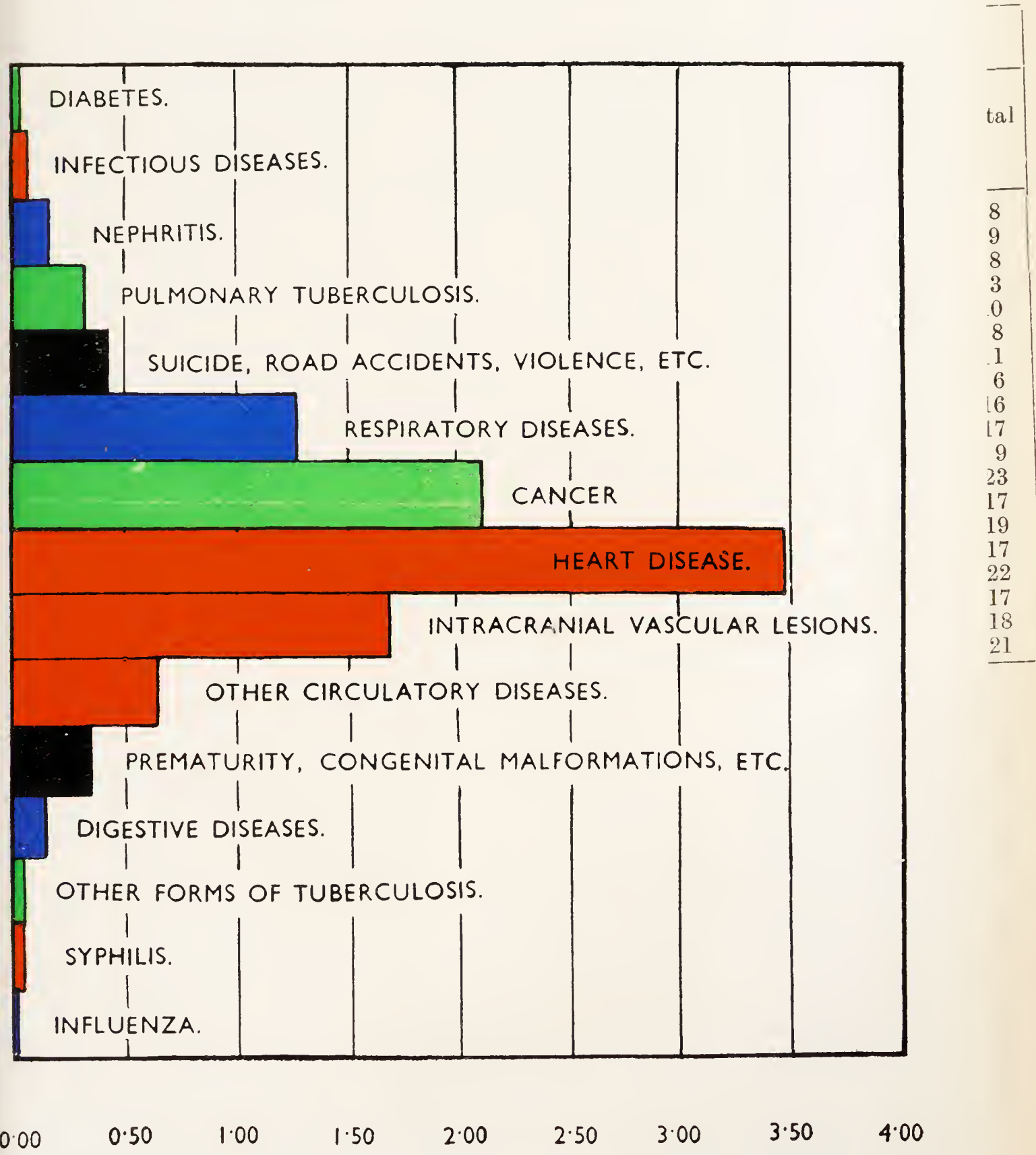
24A

SITE.			Under 1 year		1 year & under 2 years		2 years & under 5 years		5 years & under 15 years		15 years & under 25 years		25 years & under 45 years		45 years & under 65 years		Over 65 years		TOTAL	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
141	Malignant neoplasm of tongue		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	2	1
142	Do. salivary gland		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1
143	Do. of floor of mouth		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
144	Do. other parts of mouth and mouth un- specified		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
146	Do. nasopharynx		..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..
147	Do. hypopharynx		..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
148	Do. pharynx unspecified		..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	3	2
150	Do. œsophagus		..	..	..	..	..	..	..	..	..	..	..	..	6	2	11	4	17	6
151	Do. stomach		..	..	..	..	..	..	..	..	..	..	3	1	30	17	34	28	67	46
152	Do. small intestine in- cluding duodenum		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
153	Do. large intestine except rectum		..	..	..	..	..	..	..	..	..	2	2	6	8	22	22	30	32	
154	Do. rectum		..	..	..	..	..	..	..	..	1	..	..	..	9	6	10	10	20	16
155	Do. biliary passages and of liver (stated to be primary site)		..	..	..	..	..	..	..	..	..	..	..	..	1	3	3	1	4	4
156	Do. liver (secondary and unspecified)		..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
157	Do. pancreas		..	..	..	..	..	..	..	..	..	1	2	4	9	4	11	9	11	9
158	Do. peritoneum		..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	2
160	Do. antrum		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
161	Do. larynx		..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	3	3
162	Do. trachea & of bronchus & lung specified as primary		..	..	..	..	..	..	..	..	..	..	4	1	39	8	20	9	63	18
163	Do. lung and bronchus unspecified as to whether primary or secondary		..	..	..	..	..	..	..	..	..	..	..	..	15	2	8	..	24	2
164	Do. mediastinum		..	..	..	..	..	..	..	..	..	..	6	..	..	17	..	15	..	38
170	Do. breast		..	..	..	..	..	..	..	..	..	..	3	..	..	9	..	7	..	19
171	Do. cervix uteri		..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	7	..	9
174	Do. uterus, unspecified		..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	7	..	9
175	Do. ovary, Fallopian tube and broad ligament		..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	3	..	12
176	Do. other unspecified fe- male genital organs		..	..	..	..	..	..	..	..	..	..	..	..	2	..	17	..	19	..
177	Do. prostate		..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..
178	Do. testis		..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..
180	Do. kidney		..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	1	5
181	Do. bladder and other urinary organs		..	..	..	..	..	..	..	..	..	..	..	..	3	..	11	4	14	4
190	Malignant melanoma of skin		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
191	Malignant neoplasm of skin		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	2	2
193	Do. brain and other parts of nervous system		..	..	..	1	1	..	..	..	..	..	3	1	2	2	..	1	6	5
194	Do. thyroid gland		..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	2
196	Do. bone including jaw bone		..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	1	3	2
198	Secondary and unspecified malignant neo- plasm of lymphnodes		..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..
199	Malignant neoplasm of other and unspecified sites		..	..	..	..	..	..	..	..	..	..	..	..	4	3	3	3	7	6
200	Lymphosarcoma and reticulosarcoma		..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	1
201	Hodgkins disease		..	..	..	..	..	..	..	..	..	..	4	..	3	1	..	1	7	2
202	Other forms of lymphoma (reticulosis)		..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2	..
203	Multiple myeloma		..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
204	Leukæmia and aleukæmia		..	..	..	..	..	..	1	1	..	..	2	1	1	2	3	2	7	6
TOTALS			..	..	..	1	1	..	1	1	1	1	21	16	138	99	172	144	334	262
COMBINED TOTALS			..		1		1		2		2		37		237		316		596	

CHIEF CAUSES OF DEATH AT ALL AGES

RATES PER 1000 POPULATION

1952



CANCER DEATHS AND DEATH RATES FROM 1934
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males.				Total	Females.				Total
			Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65	
1934	442	1.54	1	2	16	8	27	..	2	3	3	8
1935	433	1.49	..	1	13	7	21	..	1	6	2	9
1936	413	1.39	..	4	10	5	19	..	..	5	3	8
1937	389	1.34	1	4	15	4	24	..	..	3	..	3
1938	444	1.52	..	7	20	10	37	1	..	7	2	10
1939	457	1.61	..	4	20	9	33	..	1	2	5	8
1940	474	1.85	..	5	37	6	48	..	1	6	4	11
1941	510	2.00	..	4	24	6	34	..	..	2	4	6
1942	510	2.01	..	5	33	12	50	1	2	7	6	16
1943	533	2.09	..	4	43	11	58	..	3	7	7	17
1944	519	1.97	..	3	30	19	52	..	1	4	4	9
1945	510	1.92	1	2	30	13	46	..	2	15	6	23
1946	538	1.90	1	5	37	19	62	..	..	12	5	17
1947	514	1.77	..	4	43	21	68	..	..	10	9	19
1948	590	2.01	..	7	56	22	85	..	1	7	9	17
1949	558	1.89	..	6	44	21	71	..	..	9	13	22
1950	644	2.18	..	3	55	34	92	..	..	10	7	17
1951	585	2.01	..	6	52	27	85	..	2	8	8	18
1952	614	2.12	..	5	58	30	93	..	1	10	10	21

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	Digestive.	Violent Causes.
1929 ...	311	893	577	226	148
1930 ...	256	874	469	227	137
1931 ...	250	991	509	195	158
1932 ...	232	976	413	201	161
1933 ...	237	1,003	362	213	151
1934 ...	266	935	405	215	134
1935 ...	243	1,107	391	223	130
1936 ...	276	1,283	408	266	154
1937 ...	231	1,316	470	207	139
1938 ...	233	1,216	388	205	157
1939 ...	289	1,278	307	171	189
1940 ...	420	1,115	405	154	211
1941 ...	496	972	530	157	302
1942 ...	474	847	444	130	177
1943 ...	475	915	572	138	150
1944 ...	446	987	418	136	128
1945 ...	476	994	416	115	208
1946 ...	511	996	461	105	106
1947 ...	544	983	505	139	151
1948 ...	500	990	398	153	123
1949 ...	538	1,131	549	146	127
1950 ...	502	1,285	507	110	135
1951 ...	553	1,356	531	115	141
1952 ...	489	1,221	376	93	125

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1952.

27A

	Birmingham.	Bradford.	Bristol.	Cardiff.	Coventry.	Croydon.	Kingston upon Hull.	Leeds.	Leicester.	Liverpool.	Manchester.	Newcastle upon Tyne.	Nottingham.	Plymouth.	Portsmouth.	Salford.	Sheffield.	Southampton.	Stoke-on-Trent.	Sunderland.
R.G.'s ESTIMATED POPULATION	1,119,000	288,000	443,900	244,800	261,000	250,000	299,400	504,800	285,900	791,500	705,400	289,800	310,700	218,600	242,600	176,400	510,900	175,500	272,300	180,400
COMPARABILITY FACTOR :—																				
(a) births	0.96	1.01	0.99	0.97	0.94	0.96	1.00	0.96	0.98	0.96	0.95	0.97	0.97	1.05	1.05	0.95	0.99	0.99	0.96	1.01
(b) deaths	1.12	0.97	0.97	1.06	1.26	0.93	1.14	1.07	1.01	1.19	1.11	1.09	1.08	1.06	1.04	1.14	1.07	1.02	1.21	1.13
CRUDE BIRTH RATE PER 1,000 POPULATION	16.4	15.9	15.23	17.77	15.9	13.8	18.57	15.3	15.9	20.0	17.53	16.54	16.71	15.95	15.43	17.57	13.71	16.97	16.36	20.0
BIRTH RATE AS ADJUSTED BY FACTOR.	15.7	16.0	15.08	17.24	14.9	13.2	18.57	14.7	15.6	19.2	16.65	16.04	16.21	16.75	16.20	16.69	13.57	16.80	15.52	20.2
CRUDE DEATH RATE PER 1,000 POPULATION	10.24	13.7	11.20	11.13	8.9	11.9	11.09	12.5	11.4	11.4	12.16	11.81	10.74	11.18	10.77	12.15	11.62	11.46	11.38	11.4
DEATH RATE AS ADJUSTED BY FACTOR.	11.47	13.2	10.86	11.79	11.2	11.1	12.64	13.4	11.5	13.6	13.50	12.87	11.60	11.85	11.20	13.851	12.43	11.69	13.76	12.8
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS	26.8	33	21.45	28.49	31.7	20	39.75	30	24.2	35.5	34.28	29.21	28.13	29.53	23.24	34.8	23.98	28.88	28	36.0
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS	17.6	20	15.09	18.16	20.4	13.8	21.58	18.6	13.6	22.5	21.75	18.37	17.91	20.94	15.22	19.35	15.42	20.82	19	22.4
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS	19.6	30	20.86	25.09	19.0	22.5	24.05	23	19.0	24.6	27.45	26.40	22.59	22.70	23.98	19.3	20.01	33.12	28	19.3
MATERNAL MORTALITY RATE PER 1,000 TOTAL BIRTHS	0.80	0.84	1.01	0.02	0.24	0.56	0.53	0.76	0.86	0.43	0.71	1.016	0.38	0.84	0.78	0.63	0.70	0.65	0.436	0.54
TUBERCULOSIS RATES PER 1,000 TOTAL POPULATION—																				
(a) Primary notifications :																				
Respiratory	1.11	0.86	1.311	1.275	1.8	0.89	1.00	0.94	1.34	1.98	1.02	1.484	1.38	1.05	1.29	1.07	1.159	1.21	1.153	1.48
Non-Respiratory	0.13	0.15	0.135	0.1716	0.18	0.08	0.14	0.19	0.12	0.17	0.13	0.221	0.09	0.19	0.12	0.15	0.125	0.063	0.088	0.19
(b) Deaths :																				
Respiratory	0.25	0.23	0.205	0.33	0.20	0.224	0.30	0.22	0.32	0.34	0.38	0.328	0.32	0.22	0.21	0.35	0.225	0.387	0.348	0.34
Non-Respiratory	0.02	0.03	0.025	0.02	0.06	0.016	0.02	0.02	0.024	0.04	0.03	0.041	0.03	0.02	0.045	0.006	0.020	0.034	0.026	0.03
DEATH RATES PER 1,000 POPULATION FROM :—																				
* Cancer (all forms)	1.90	22.81	1.922	2.03	1.54	2.263	2.04	1.08	2.08	2.01	2.18	2.118	1.98	1.73	1.95	2.262	2.067	2.165	2.071	2.03
Typhoid and Paratyphoid Fever	0.00	0.00	0.00	0.008	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Meningococcal Infections	0.01	0.003	0.002	0.008	0.00	0.008	0.01	0.002	0.0035	0.02	0.003	0.007	0.01	0.009	0.01	0.011	0.004	0.005	0.0074	0.02
Scarlet Fever	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.002	0.00	0.00	0.00
Whooping Cough.....	0.01	0.00	0.002	0.004	0.004	0.00	0.00	0.00	0.007	0.01	0.01	0.003	0.01	0.01	0.00	0.00	0.002	0.005	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.001	0.000	0.00	0.004	0.00	0.00	0.00	0.00	0.00	0.00
Influenza	0.03	0.04	0.050	0.04	0.034	0.036	0.03	0.05	0.024	0.07	0.03	0.028	0.03	0.03	0.01	0.023	0.041	0.017	0.044	0.05
Measles	0.00	0.003	0.00	0.004	0.008	0.00	0.01	0.01	0.007	0.01	0.01	0.003	0.00	0.00	0.00	0.00	0.002	0.011	0.0073	0.017
Acute Poliomyelitis and Encephalitis	0.01	0.003	0.002	0.008	0.00	0.008	0.00	0.01	0.00	0.00	0.001	0.000	0.00	0.009	0.00	0.00	0.006	0.006	0.00	0.005
Acute Infectious Encephalitis ...	0.01	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.003	0.007	0.01	0.00	0.00	0.006	0.002	0.006	0.0037	0.00
Smallpox	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.000	0.00	0.00
Diarrhoea (under 2 years)	0.02	0.02	0.0045	0.029	0.31	0.008	0.06	0.01	0.017	0.03	0.03	0.028	0.03	0.045	0.04	0.04	0.022	0.017	0.0147	0.022
Diarrhoea (under 2 years) (per 1,000 live births)	1.26	1.52	0.30	1.61	1.92	0.577	0.34	0.90	1.098	1.70	1.78	1.669	1.54	2.87	2.40	2.26	1.570	1.01	0.898	1.1

* excluding Leukæmia and Aleukæmia.

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, 1952.

WARD.	Estimated Population.	Acreage (Less River Area and Open Spaces)	Density of Population per Acre.	Births.	Birth Rate.	Deaths.	Death Rate.	Deaths under 1 year.	Infant Mortality Rate.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.				OTHER RE- SPIRATORY DISEASES.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong	14,840	239.6	61.94	357	24.05	203	13.68	12	33.61	24	1.62	6	0.40	4	0.27	..	0.00	35	2.36
Arthur's Hill ..	15,350	318.1	48.26	200	13.03	301	19.61	5	25.00	26	1.69	10	0.65	2	0.13	1	0.06	32	2.08
Benwell	15,000	246.8	60.78	247	16.46	169	11.27	10	40.49	23	1.53	7	0.47	3	0.20	..	0.00	25	1.66
Byker	14,330	245.4	58.38	272	18.99	176	12.28	7	25.73	23	1.61	4	0.28	3	0.21	1	0.07	23	1.61
Dene	13,700	865.4	15.83	155	11.32	155	11.32	3	19.36	14	1.02	3	0.22	2	0.15	1	0.07	13	0.95
Elswick	14,350	215.0	66.74	238	16.59	154	10.79	5	21.01	26	1.81	2	0.14	5	0.35	2	0.14	14	0.97
Fenham	14,300	650.5	21.99	149	10.42	163	11.40	5	33.56	25	1.75	3	0.21	4	0.28	..	0.00	7	0.49
Heaton	15,220	315.3	48.27	194	12.75	169	11.10	1	5.15	23	1.51	3	0.19	2	0.13	..	0.00	13	0.85
Jesmond	16,650	416.6	39.96	178	10.69	198	11.95	3	16.86	6	0.36	3	0.18	4	0.24	..	0.00	13	0.78
Kenton	21,800	1938.0	11.25	348	15.96	182	8.35	7	20.11	33	1.51	7	0.32	8	0.37	2	0.09	13	0.60
St. Anthony's...	14,480	240.9	60.12	233	16.09	147	10.15	8	34.34	26	1.79	4	0.27	5	0.34	1	0.07	17	1.17
St. Lawrence...	15,540	315.3	49.28	290	18.66	171	11.01	10	34.48	22	1.42	5	0.32	3	0.19	..	0.00	22	1.42
St. Nicholas...	10,460	438.2	23.86	212	20.27	162	15.49	7	33.02	14	1.34	3	0.29	3	0.29	..	0.00	24	2.30
Sandyford.....	14,450	245.9	58.76	204	14.11	187	12.94	6	29.42	13	0.89	3	0.21	2	0.14	..	0.00	18	1.25
Scotswood	15,520	395.5	39.24	257	16.56	149	9.60	9	35.01	26	1.67	5	0.32	3	0.19	..	0.00	15	0.97
Stephenson	17,450	310.2	56.23	449	25.73	230	13.18	16	35.63	37	2.12	13	0.75	5	0.29	2	0.11	28	1.60
Walker	17,700	499.9	35.41	363	20.50	161	9.10	12	33.06	26	1.47	4	0.23	4	0.23	1	0.06	17	0.96
Walkergate.....	15,290	525.2	29.10	219	14.32	165	10.79	6	27.40	18	1.18	6	0.39	..	0.00	1	0.07	15	0.98
Westgate	13,370	293.6	45.54	227	16.97	182	13.61	8	35.25	25	1.87	4	0.30	2	0.15	..	0.00	27	2.02
CITY	289,800	2705.4	33.30	4,792	16.54	3,424	11.81	140	29.21	430	1.48	95	0.33	64	0.22	12	0.04	371	1.28

TABLE SHOWING AVERAGE BIRTH RATES, DEATH RATES, INFANT MORTALITY RATES AND TUBERCULOSIS ATTACK AND DEATH RATES IN WARDS DURING FIVE YEARS 1948-1952.

	St. Nicholas'	Kenton	Scotswood	Stephenson	Armstrong	Elswick	Westgate	Arthur's Hill	Benwell	Fenham	Sandyford	Jesmond	Dene	Heaton	Byker	St. Lawrence	St. Anthony's	Walker	Walkergate	City
Birth Rates	18.30	18.61	18.38	26.14	23.88	16.34	17.16	14.23	19.87	12.98	14.30	11.12	10.82	12.68	19.93	19.34	17.81	23.22	15.75	17.57
Death Rates	15.49	9.91	11.06	14.09	14.97	12.06	14.63	16.89	11.42	11.52	14.54	13.25	10.95	12.47	13.51	11.36	11.77	10.31	11.35	12.62
Infant Mortality Rates	31.16	21.97	33.25	46.08	47.09	27.56	38.17	28.65	34.04	29.04	35.05	29.81	18.74	25.64	34.27	39.43	41.30	43.28	37.30	35.00
Pulmonary T. B. Attack Rates	1.89	1.46	1.61	2.25	1.67	1.67	1.67	1.40	2.23	2.40	1.36	0.99	1.21	1.71	2.24	1.40	2.33	2.31	1.38	1.75
Pulmonary T. B. Death Rates	0.66	0.71	0.55	0.84	0.54	0.59	0.56	0.55	0.67	0.42	0.41	0.24	0.30	0.50	0.65	0.52	0.63	0.74	0.62	0.57
Non-pul. T. B. Attack Rates	0.25	0.16	0.28	0.49	0.38	0.22	0.21	0.21	0.25	0.33	0.17	0.12	0.22	0.23	0.32	0.32	0.36	0.38	0.21	0.27
Non-pul. T. B. Death Rates . .	0.05	0.06	0.06	0.13	0.07	0.11	0.08	0.10	0.04	0.02	0.03	0.00	0.03	0.01	0.07	0.07	0.13	0.11	0.09	0.07
Other Resp. Diseases Death Rates	2.53	1.09	1.44	2.19	2.30	1.35	2.09	1.97	1.59	0.97	1.76	1.19	1.07	1.18	2.23	1.74	1.66	1.47	1.15	1.62

II.—NATIONAL HEALTH SERVICE ACTS

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

Introduction.

The National Health Service has now been in operation for 4½ years and so far as the City is concerned, the Council's branches of the service have developed considerably and are working smoothly.

There are several factors which have enabled Newcastle to weather the "storm" of the major social changes which were brought about by the introduction of the comprehensive Health Service Act and allied legislation in the late "forties." The City already had developed a first class hospital service which had been carefully knitted in with the needs of the town and of the area. There was a very close relation with the Teaching Hospital. Maternity and midwifery arrangements were compact and comprehensive; child welfare arrangements were similarly compact and advanced and the medical staffs engaged in clinics were not "full-time" but held part-time appointments with the authority while holding clinical appointments elsewhere. Immunisation and after-care arrangements were well organised. Services which have been established by the Health Committee since the Act of 1948 include the ambulance service, the district nursing service, the domestic help service and the mental health service. The school health service had been brought closer to the health service because of the appointment of the Medical Officer of Health as School Medical Officer in 1946.

Reference to the separate sections of this report will show how all those services have been developed and how the Local Authority has attempted to assist in the fulfilment of the aims expressed in the preamble to the Act—"to secure improvement in the physical and mental health of the people and the **prevention**, diagnosis and treatment of illness."

The arrangements for committee and officer liaison demonstrate the cordial relationship which exists in the City. It must be apparent to all, that unless a close and friendly relationship can be established between the workers in the three separate divisions (Hospital, Local Health Authority and Executive Council) of the National Health Service Act, then smooth facilities for continuity of treatment will not be available for the public.

Accordingly the "new scheme of things" was accepted firstly because it was the agreed law of the land and likely to remain so and, secondly, because it provided great opportunities for further development in the City. There are very few of the difficulties so far encountered by the Local Health Authority which could not be resolved by the exercise of a little ingenuity and within the tripartite framework of the Act. That there are remaining some major difficulties is well known. For instance, the insufficiency of hospital beds for (a) maternity cases, (b) chronic sick and the aged and for (c) mental cases, is causing distress. The services in these respects have not improved materially. On the other hand, the strengthening by the Regional Hospital Board of the number of consultants and specialists for the City has improved diagnostic and treatment facilities enormously. The general and school health services have benefitted greatly by the Regional Hospital Board's policy of making available specialists for work in the clinics and linking up the service with the hospitals. During the $4\frac{1}{2}$ years, the Executive Council with its medical, dental, pharmaceutical and ophthalmic services has made a very extensive contribution to the health and welfare of the people in the City and these services have from the outset been closely and satisfactorily linked with those of the Local Health Authority in serving the people of Newcastle upon Tyne.

GENERAL.

1. Administration.

The Local Health Services include the personal health services administered by the Health Committee under Part III of the National Health Service Act, 1946; the environmental services—sanitary, veterinary, food, infectious disease, etc.—are dealt with by the Health Committee under other Public Health Acts. Administration at officer level comes under the supervision of the Medical Officer of Health and to assist him he has a full-time Deputy Medical Officer of Health and a full-time Child Welfare Medical Officer. Other medical officers hold either full-time or part-time appointments with the Regional Hospital Board, Board of Governors of the Teaching Hospital, or with the Executive Council. The City Health Services by virtue of the staffing arrangements which provide medical personnel also actively engaged in hospital, specialist or general practice work, have thus been able to maintain a close continuation of treatment facilities.

2. Co-ordination and co-operation with other parts of the National Health Service.

The general arrangements in the area for securing co-operation between the Local Health Authority and the Hospital and General Medical Services include representation by the Local Health Authority members on the Newcastle Hospital Management Committee and on the Newcastle Executive Council. The officers of the three divisions are in contact with one another over special problems. Reciprocally, representatives from the University, the Teaching Hospital, the Executive Council and Voluntary Societies provide co-opted members for the Local Health Authority Committee.

Other bodies and authorities with which the Health Committee is linked by direct representation include the Executive Council (8 members), the Newcastle upon Tyne Hospital Management Committee (5 members), the North-West Durham Hospital Management Committee (2 members), the St. Nicholas Hospital Management Committee for mental treatment cases (4 members) and the Prudhoe and Monkton Hospital Management Committee (1 member). The Medical Officer of Health is a member of the Liaison Committee of Medical Officers which meets the Regional Hospital Board's officers regularly, and he is also a member of the Newcastle upon Tyne Hospital Management Committee and of the Local Medical Committee of the Newcastle upon Tyne Executive Council and of appropriate Sub-Committees of the Teaching Hospital and University. The Medical Officer of Health also represents the Health Committee and the City Council on the King's College Council. He has a further duty of presiding over the co-ordinating committee of officials in connection with problems of children neglected or ill-treated in their own homes. In these ways the Local Health Authority is kept fully cognisant of health and treatment facilities available for their citizens.

Medical Officers, health visitors, midwives and nurses employed in the Local Health Services are co-operating in the care of patients under treatment—

- (a) At hospital: The Hospital Authorities inform the Local Authority of impending discharges of patients where the Local Health Authority Services would beneficially come into operation. This system of notification has been of great value to patients who after discharge from hospital have come under the care of the district nursing service, the

premature baby service, the health visiting and almoning services, and also the school health services of the Education Committee.

- (b) By general medical practitioners : Midwives check all bookings of patients with the general practitioner concerned and may attend his private clinics or carry information to him from the ante-natal clinic. The Local Health Authority is seeking to improve this relationship and to make available their midwives to the general practitioners in their own surgeries where a sufficient number of ante-natal patients would warrant such a procedure.

Steps taken to inform General Practitioners about services available : The Medical Officer of Health sends out notices from time to time informing the general practitioners :—

- (a) of changes in the services and of the nature, timing and place of clinics ;
- (b) special arrangements for immunisation and vaccination ;
- (c) for collecting of laboratory specimens.

These matters when involving policy are always discussed by the Medical Officer of Health with the Local Medical Committee before communications are sent out.

Steps taken to inform the public : Leaflets for the services are available at the clinics and also through the information bureau in the Health Department. A revised small brochure (in conjunction with Messrs. Burrow & Co. Ltd., of Cheltenham) is being prepared of all the services. Personal advice through the Health Visiting and Almoning Services has been found to provide one of the most reliable means of approach to the general public.

3. Joint use of Staff.

The Health Committee had before the appointed day adopted a policy of employing on a part-time basis doctors who had special experience and who were otherwise employed in clinical work. This part-time work in Newcastle forms a greater proportion than in most other areas where many full-time staff are engaged in child welfare, ante-natal and immunisation clinics. Arrangements have been made with the hospital authorities for school medical officers to participate

in work such as ringworm with hospital and specialists ; in turn, on the other hand, consultants and other medical staff carry out a great deal of work for the Local Education Committee and the Local Health Authority. The Regional Hospital Board has made available the services of many consultants to the City and in the fields of ophthalmology, throat, nose and ear work, maternity and orthopædics have very comprehensive schemes come into operation. The Teaching Hospital and University have been most generous in providing consultant help in maternity and especially in pædiatrics. The close connection between the Child Health Department of the University and the Local Health Authority is well known in this City and elsewhere. Consultant medical staff of the Child Health Department, for instance, carry out many duties in the Local Health Authority clinics and act as clinical advisers of the City Health Service.

The Local Health Authority on the other hand seconds Health Visitors to the University for special work and to assist in the running of clinics on Local Authority and University premises. These arrangements in Newcastle have been aided greatly by assistance from Professor Sir James Spence, Dr. F. J. W. Miller and Dr. S. D. M. Court of the Child Health Department. Dr. Miller was formerly full-time Child Welfare Medical Officer to the Local Authority. Similar arrangements exist with the University Departments of Psychology and of Industrial Health.

4. Voluntary Organisations.

The Voluntary Associations play an important part in the Local Health Services ; the Newcastle upon Tyne Council of Social Service has on its central committee the Medical Officer of Health, the City Almoner and Chief Nursing Officer. The Church organisations provide special services in conjunction with the Local Authority. The Women's Voluntary Services provide a meals scheme and the British Red Cross Society and St. John Ambulance Brigade have supplementary services and other arrangements which are co-ordinated by the Local Health Authority's City Almoner. The Advisory Council for the Care of the Aged consists of members of the Newcastle upon Tyne Council of Social Service, voluntary organisations and of the statutory bodies concerned with the care of old people. There is also a Voluntary Tuberculosis Care Council closely associated with the Local Health Authority. Appendix A gives details of the various organisations.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Children under school age.

The number of child welfare sessions are approximately the same as those envisaged in the development plan drawn up in 1947, and the attendances have altered very little. These clinics must, however, embrace the teaching of health education in its widest sense if they are to justify their present consumption of staff working hours. Mothers are much more knowledgeable and confident about the feeding and general physical development of their children than they were twenty-five or fifteen years ago, but they are not so confident about their mental and emotional development. They fear certain childish ailments; they are still blind to risks from home accidents that their children run through their own thoughtlessness. The value of child welfare clinics must be kept in perspective and weighed up against the value of other work which can only be done by home visiting. Child welfare clinics for instance are not the answer to problem families, and these now are the families who should occupy a large part of the health visitors' time rather than routine periodic visiting in good homes.

Although the number of attendances at child welfare clinics has changed very little the same cannot be said of the ante-natal clinics. After the inception of the National Health Service Act these attendances dropped to a figure which in many cases did not justify the staff working hours spent on them and some had to be dropped altogether. Recently the attendances have been slightly higher, due probably to the fact that the mothers realise that there are services at the centre which are beneficial, in addition to ante-natal medical care from their own doctor. But the fact remains that of all the health services the maternity service seems to have suffered and disintegrated in the general reshuffle. Infant mortality rates reach new low records, but the number of still-births, premature births and deaths of infants in the first week of life do not fall at the same rate. It has been shown that these are dependent largely on the general health and nutrition of the mother during pregnancy as well as on skilled and obstetric care during labour. These can only be ensured by an adequate and efficient Local Health Authority staff of health visitors and midwives giving instructions to mothers at home or at the ante-natal centre, and working with an experienced general practitioner service taking full responsibility for ante-natal care. The ante-natal centres could be bases where general practitioners would undertake their ante-natal work with all the facilities which the Local Health Authority provides,

but free from the fear of their patients receiving conflicting opinions or advice from other medical officers. Experiments in offering facilities in clinics to general practitioners for the holding of ante-natal sessions have shown that such arrangements can work well in Newcastle.

Arrangements for the admission of Newcastle maternity patients to hospital are still not entirely satisfactory. Many mothers have to be taken considerable distances out of the City for their confinements. This policy makes additional work for the ambulance and district midwifery services.

The Health Visitor's work has become more widespread and in fact she is now the family visitor, holding the key to their whole health history. The midwives have been increasingly engaged in completion of nursing of cases discharged from hospital and in assisting general practitioners with ante-natal work.

EXPECTANT AND NURSING MOTHERS.—At the end of 1952 there were nine ante-natal centres functioning and providing a total of 10 weekly clinics—one fortnightly clinic for mothers booked into Dilston Hall Maternity Hospital, Corbridge, and one monthly clinic. The administration of these services is under the Child Welfare Medical Officer who is directly responsible to the Medical Officer of Health. The Consultant Obstetrician and Gynæcologist of the Newcastle General Hospital acts in a consultant capacity to the Local Health Authority Maternity Services, and keeps up a very active contact with the City Midwifery Service of which he was the Maternity Officer and Consultant prior to 1948.

All the clinics are staffed by medical officers on a sessional basis (6 medical officers in all) ; some of these being general practitioners and some of consultant standing. Apart from the Child Welfare Medical Officer there are no full-time medical members of staff engaged in ante-natal or child welfare work in the City. Patients booked into the Newcastle maternity hospitals attend the hospital ante-natal centres throughout their pregnancy. Those booked into Dilston Hall, Corbridge, are seen at their first attendance and at the 36th week by the consultant obstetrician of that hospital at an ante-natal session at one of the Local Health Authority centres set aside for this purpose. Their routine ante-natal care is undertaken by one of the sessional medical officers at the ordinary ante-natal centre. Many expectant mothers never attend an ante-natal centre, but receive all ante-natal care either at home or at the surgery of the doctor booked for the case. Facilities for taking of bloods, testing urines, relaxation classes

conducted by a qualified physiotherapist, as well as mothercraft teaching and instruction in the use of gas/air analgesia, are all offered at the ante-natal centres complementary to the medical care by the doctor, and the services of the midwives have been offered to the general practitioners at their ante-natal sessions in their own surgeries. This latter procedure, however, does not always work very satisfactorily as it rarely happens that the doctor's patients have booked the same midwife, and it either creates difficulties because of one midwife attending at the examination of another midwife's case, or it is extremely wasteful of the midwives' time.

Maternity outfits are supplied free to all mothers arranging for home confinement, and are distributed from the central office and delivered to the patient at home at the 7th month of pregnancy by the midwife booked for the case.

Arrangements for the confinement and after-care of unmarried mothers are made through the Maternity and Child Welfare almoner and the Moral Welfare Workers of the various religious bodies. The Local Health Authority has no home of its own for this purpose, but an annual grant is paid to one voluntary home in the City whilst another is paid for the maintenance of girls on a per capita basis for periods ranging from 4–9 weeks before confinement and 8–10 weeks after. In addition, per capita payments are made to certain homes outside the City, run by religious bodies, for the maintenance of Newcastle girls.

The following table shows the number of illegitimate births and the illegitimate infant mortality rates during the past few years, and it is worthy of favourable comment on the City's service that the latter rates do not vary very considerably from the overall infant mortality rates for the City :—

Year	Illegitimate Births	Illegitimate Infant Mortality Rate.	Overall Infant Mortality Rate.
1948.....	284	39	38
1949.....	270	26	40
1950.....	230	56	34
1951.....	191	42	34
1952.....	223	36	29

CHILD WELFARE.—The Child Welfare Services are administered by the Child Welfare Medical Officer and the clinics staffed by 20 medical officers engaged on a sessional basis. The nursing staff under the Chief Nursing Officer consists of her Deputy, the Health Visitor

Tutor, 50 health visitors, one orthopædic nurse, a day nursery supervisory matron and a supervisory warden, as well as staffs of seven day nurseries ; a home help organiser, her deputy, two outside visitors and over 350 home helps as well as clerical staff in each separate department. The almoner and her assistant form a valuable part of the department and maintain a close liaison between the hospital and the domiciliary services, and especially with the general practitioners.

There are 18 child welfare centres in the City at which a total of 35 medical sessions and two health visitor sessions are held each week. The purpose of these clinics is mainly advisory and educational, and demonstrations, film strips and talks are arranged and undertaken by the health visiting staff attached to the clinics. Children requiring specialist advice may be referred from the child welfare centre through the family doctor to the appropriate clinic or specialist. Children requiring dental treatment are referred to the Maternity and Child Welfare Dental Officer at one of the nine sessions (which include two gas sessions) provided weekly for pre-school children and expectant and nursing mothers.

Ear, nose and throat cases are referred through the general practitioners to a consultant at one of the ear, nose and throat hospital out-patients' departments. Children with speech defects from causes other than deafness are referred to the Speech Therapy Clinic of the Department of Child Health. Deaf and partially deaf children are usually seen by both the ear, nose and throat surgeon and the speech therapist. Orthopædic cases are referred to the Consultant Orthopædic Surgeon of the School Health Service, and physiotherapy treatment and after-care carried out by the orthopædic nurse attached to the Maternity and Child Welfare Department.

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES DURING 1952.

	No. of Children who attended during the year.	No. of Children who first attended centres during the year.		No. of Children in attendance at the end of the year.		Total No. of Attendances made by children included in Col. (2) during the year.		Average Sessional Attendances—0-5 years.
		Under 1 Year.	Over 1 Year.	Under 1 Year.	Between the ages of 1 & 5 years.	Under 1 Year.	Over 1 Year.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1952..	9,046	3,204	691	2,883	5,651	37,652	20,577	33
1951..	9,050	3,118	611	2,586	5,935	35,949	19,583	31

DEATHS OF INFANTS.

	1948	1949	1950	1951,	1952
Deaths of Infants during first week of life	86	79	91	87	73
Deaths of Infants aged one to four weeks	21	18	12	18	15
Deaths of Infants aged one to twelve months	105	104	67	57	52
Deaths from Prematurity	64	52	39	42	37
Deaths of Twins and Triplets..	27	20	24	9	9
INFANT MORTALITY RATE.....	38	40	33.6	34.56	29.21
TOTAL BIRTHS	5,705	5,377	5,051	4,803	4,792

CARE OF PREMATURE INFANTS.—There are two domiciliary midwives with specialised training engaged entirely in the care of the premature infant on the district. Other midwives who are trained in the work may be called upon for relief when necessary. The premature infant nurse may be called in by the doctor or the midwife whenever a premature infant is born on the district. If premature labour is expected and there is no question of admission to hospital, the premature nurse is called before the infant is born and the equipment is got ready in the house. The special equipment is conveyed by ambulance from the premature infant unit at the midwives' hostel to the patient's house. The sets of equipment consist of :—

1 cot with lining	1 steriliser.
1 mattress with cover.	1 pipette.
1 mackintosh sheet.	1 wall thermometer.
4 cot sheets	1 cot thermometer
2 white blankets.	1 small clinical thermometer with stubby end.
2 red blankets.	1 Belcrov feeder.
1 coverlet.	3 vests.
4 hot water bottles with covers.	3 hooded flannel gowns.
1 mucous catheter with rubber ends attached.	1 steam kettle.

A Queen Charlotte infant tent is available if the administration of oxygen is ordered.

At birth the premature infant nurse takes over the care of both mother and child, and before she ceases attending she meets the health visitor at the home to ensure complete continuity. Great importance

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1952.

40A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bacillary dysentery .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Benign neoplasm of brain .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Metabolic disease .....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Meningococcal infections .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Meningitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Disease of pancreas .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Cerebral thrombosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Bronchopneumonia .....	..	..	..	..	..	..	..	..	..	..	4	7	1	2	..	1	..	..	5	9
Pneumonia other and unspecified .....	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	..	1	..	3	1
Acute Bronchitis .....	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	3	..
Bronchitis (Unqualified) .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Chronic Bronchitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Disease of bone .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Gastro-enteritis and colitis except ulcerative.	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	2	1	..	4	3
Disease of muscle .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Infection of Kidney .....	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Spina bifida and meningocele .....	..	1	1	1	..	..	..	1	1	3	..	1	..	..	..	..	..	..	1	4
Congenital hydrocephalus .....	..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2
Congenital malformations of circulatory system	3	..	..	..	..	..	..	..	3	..	1	1	..	..	1	1	..	..	5	2
Congenital malformations of digestive system.	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Intracranial and spinal injury at birth	3	1	1	1	..	..	..	..	4	2	..	..	..	..	..	..	..	..	4	2
Unspecified congenital malformations .....	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Postnatal asphyxia and atelectasis	10	2	..	..	..	..	..	..	10	2	..	..	..	1	..	..	..	..	10	3
Pneumonia of newborn .....	..	2	1	1	..	..	1	..	2	3	..	..	..	..	..	..	..	..	2	3
Hæmolytic disease of newborn	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Hæmorrhagic disease of newborn	3	1	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	3	1
Ill-defined diseases peculiar to early infancy..	..	1	..	..	..	..	2	..	2	1	1	..	..	..	..	..	..	..	3	1
Immaturity with mention of any other subsidiary conditions	2	..	..	..	1	..	..	..	3	..	..	1	..	..	..	..	..	..	3	1
Sepsis of newborn .....	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Immaturity unqualified	20	10	5	..	..	..	..	..	25	10	..	..	..	..	..	..	..	..	25	10
Certain symptoms referable to nervous system and special senses .....	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1
Other birth injury	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Ill-defined and unknown cause	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Inhalation and ingestion of food causing obstruction or suffocation .....	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	1	3
Accidental mechanical suffocation in bed and cradle .....	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Homicidal asphyxia .....	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
	45	24	9	3	2	..	3	1	59	28	10	12	7	8	7	6	3	..	86	54

is attached to the transfer of responsibility from the midwife to the health visitor because of the need for complete understanding in continuity of the care of the infant.

The link with the hospitals and the Domiciliary Premature Infant Nursing Service is very close. Dr. F. J. W. Miller—who is on the staff of the University Child Health Department and of Newcastle General and Princess Mary Maternity Hospitals—acts in an advisory capacity to the service, and there are regular meetings held of the hospital and Local Health Authority nursing and medical staffs responsible for the care of the premature infant. Both hospital and domiciliary staffs take an active part in the training which is given to nurses sent from other parts of the country. The Ministry of Health requested the Local Health Authority to make the scheme available for the instruction of midwives from other areas.

This service has given excellent results and it is true to say that the most important factor is quite obviously the nurse herself. In view of this it is evident that such a nurse must be carefully selected on a basis of sincere vocation. Her job requires the maximum amount of industry and devotion for her charge; she must be friend, helper and teacher; she preserves the highest standards of cleanliness and concentrates on feeding, warmth, and the avoidance of infection. It is her duty to educate the family in the dangers which beset the small babies and in the reasons why particular attention should be paid to their care. She must recruit the co-operation of the entire family and use her personality in consolidating the efforts in helping towards the welfare of the child. The results are a reflection on her efficiency, and, on her, the service either stands or falls.

The Newcastle Domiciliary Care Scheme, one of the first in the country, is probably one of the best examples of a local authority health department working in full co-operation with specialists, hospitals and University. The results over the seven years have demonstrated what can be done in the home by teamwork.

SUPPLY OF DRIED MILKS, ETC.—National dried milk and vitamins are distributed by the Ministry of Food clerks to expectant mothers and young children from all the Local Health Authority ante-natal and child welfare centres. Apart from the professional samples no proprietary milk foods or other nutrients are available either free or for sale at the centres. Any special foods or vitamins which are recommended by the clinic medical officers are bought by the mother at a chemist's, in some cases at reduced cost on a voucher system.

In cases of hardship where special foods may be necessary, arrangements may be made through the Almoner for these to be supplied free to the patients.

The following table shows the "take-up" of vitamins in the City as compared with the country as a whole :—

	Cod Liver Oil.	Orange Juice.	A. & D.
Newcastle	28·18	28·65	35·3
England and Wales	27·8	32·71	34·76

DENTAL CARE.—It is now some four years since arrangements were made to augment and expand the existing provisions for the dental examination and treatment of expectant and nursing mothers and children under school age. For the first year of the scheme's working we had the services of a full-time dental officer, and in addition, some part-time assistance was obtained from the School Dental Service. Consequently, it was possible to arrange for every mother and child attending the welfare centres to be given the offer of dental examination and treatment, and as a result, and in spite of free treatment being available at the time from private practitioners, the new dental service quickly became popular and the inspection and treatment sessions well attended, and by the end of the year it looked as though the new service was well on its feet.

However, in June of the following year our full-time dental officer resigned, and from then on staffing difficulties prevented not only the expected expansion of the service, but at times threatened to bring it to a complete standstill. We were able, however, during the worst periods to call upon the School Dental Officers for a few sessions each week, and in this way, and also by engaging dental officers on a sessional basis we were able to maintain at least an emergency service where every patient in pain might obtain relief, and every necessitous case receive attention.

In this way the Priority Dental Service carried on through 1950 and most of 1951, until in the spring of 1952 we were able to obtain the half-time services of an additional dental officer. Thus, with the continued help of the School Dental Officers and two half-time Maternity and Child Welfare Dental Officers, the Service became in 1952 very nearly what it was at its commencement in 1949.

It is common knowledge now, that these staffing difficulties experienced in the first few years of the scheme's operation, and which were the rule in the Public Dental Services throughout the country, were due entirely to the much more lucrative conditions obtainable in private practice at the time, and the correspondingly poor remuneration offered in the Public Services. This past year, however, has seen a change in the position which will undoubtedly react to the benefit of the Public Dental Services. Conditions in private practice, since the patient has been required to contribute to the cost of his treatment, have greatly deteriorated, so that the inducement to practise under the General Dental Services is not now what it was in 1949 and 1950, and conversely, since the introduction of the Whitley Scale in 1952, the terms and conditions of service in the Public Dental Services have become more attractive and have been brought more into line with the present day cost of living. Thus it can be expected that the grave shortage of staff maintaining through the early years of the Priority Scheme's operation will no longer be encountered, and it is anticipated that shortly we will be able to develop and expand the service along the lines which we had planned some four years ago.

At the moment of writing the service is operated by two dental officers working on a sessional basis, their time being very nearly equivalent to that of a full-time officer, together with some limited assistance from the school dental officers. A part-time anæsthetist is also employed, while a full-time dental attendant completes the establishment. Laboratory facilities are shared with the School Dental Service where a dental mechanic is at our disposal on a half-time basis.

Now that conditions of service are such as to provide a good chance of our being able to engage additional staff, the time is appropriate to recommend the addition of a further dental officer to our establishment, together with the appointment of a further full-time mechanic.

At present it is felt the staff is fully occupied in the treatment of patients referred by the welfare centres, and it is only by the addition of these two further appointments that we would be able to resume our offer of a dental examination and treatment to every mother and child passing through the welfare centres. Particularly is the appointment of additional mechanical help a necessity to any expansion, for even with things as they are the mechanic has more work to do than he can cope with, and from time to time it has been necessary

to establish a waiting list for patients who require artificial dentures. The work of the service during 1952 showed marked increase on any previous year, and is in fact under many headings almost double that shown for 1951 when our staffing position was at its worst.

The arrangements for x-ray diagnosis and hospital treatment were continued and the liaison with the dental officers of the School Service was maintained.

NUMBERS PROVIDED WITH DENTAL CARE DURING 1952.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	356	352	283	191
Children under five	1711	946	874	870

FORMS OF DENTAL TREATMENT PROVIDED DURING 1952.

	Ex-trac-tions.	Anaesthetics.		Fill-ings.	Scalings or Scaling and gum treat-ment.	Silver Nitrate treat-ment.	Dress-ings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers	1927	112	154	229	53	..	17	12	116	85
Children under five	2713	..	1071	157	..	285	106	..	..	..

OTHER PROVISION. DAY NURSERIES.—During 1952 the Local Health Authority reduced the number of day nurseries from 8 to 7. Places (338) are generally only available for cases where the mothers are the sole support of the family for some reason or other, where there is sickness of one or other parent, where there is real financial hardship, in cases of housing difficulties, or where a day nursery is recommended by a doctor for the physical or emotional benefit of the child. Occasionally a child may be accepted to allow the mother to take up work where she is urgently needed, e.g., nursing or teaching.

Besides the Local Health Authority day nurseries there is the New Bridge Street Day Nursery run by a voluntary Committee and accommodating 30 children from 3-5 years of age. There are also three nursery playrooms under voluntary organisations which are open for rather shorter hours than the day nurseries, and in many cases cater for children when the mother is in part-time employment. These voluntary organisations provide good services and close contact is maintained with the City Child Welfare Department.

6. Domiciliary Midwifery.

The Domiciliary Midwifery staff consists of the Non-Medical Supervisor of Midwives and her assistant, the Superintendent of the Part II Pupil Midwives' Hostel and her assistant, 42 Municipal Domiciliary Midwives, and two Municipal Domiciliary Midwives undertaking the nursing of premature infants on the district. In view of the lower birth rate and high number of hospital bookings, five retired midwives have not been replaced. This service is generally co-ordinated with the Health Visiting, District Nursing and Domestic Help Services by the Chief Nursing Officer.

Regular meetings are arranged between the midwives and the medical and nursing administrative staffs, and frequent appointments are made for the midwives to see the non-medical supervisor and discuss their work and problems. Dressings, drugs, stationery and equipment are issued from the Maternity and Child Welfare Department.

The non-medical supervisor or her assistant visit both the domiciliary midwives and also those not employed by the Authority at their homes. Records, registers, bags and equipment are examined and the place of residence inspected. Actual inspections during work on the district are carried out, and observations are made relating to

asepsis, technique, and nursing care of mother and infant. Each midwife is provided with stethoscope, sphygmomanometer, and urine testing outfit.

All municipal domiciliary midwives have been trained in the administration of analgesics, and all midwives are in possession of the gas/air analgesia certificate. Patients receiving analgesia must be certified as being physically fit and suitable subjects for the administration. The midwives and the general practitioners of the City are at present participating in Medical Research Council trials of administration of analgesics.

Approximately 90 per cent. of expectant mothers book a doctor and midwife, the majority of normal cases are delivered by the midwife. An excellent team spirit exists between the general practitioner, the staff of the maternity hospitals, the district almoner, home helps, health visitors, district nurses and the midwives. Doctors and midwives co-operate closely in ante-natal care. The mothers are encouraged to attend Local Health Authority ante-natal clinics, but owing to the growing preference of general practitioners to ante-natal their own cases, attendance at the clinics is diminishing. Midwives also ante-natal mothers at home. When both doctor and midwife are booked for a case, the former indicates whether or not he wishes to be present at the confinement. If the doctor is booked S.O.S. and is then required, the midwife sends him a medical aid form marked "Doctor booked under National Health Service." If a doctor is not booked, and then required, the form is marked "Doctor not booked."

The non-medical supervisor or the midwife visits the homes of mothers who desire hospital confinement but do not qualify on medical grounds, in order to assess the need on social grounds. If the home conditions are unsuitable the patient is booked for hospital. Complete liaison is established on this matter between one of the Newcastle hospitals and the Local Authority.

Midwives attend the Royal College of Midwives post-graduate course each year. Leave of absence is granted and all expenses are paid by the Local Authority. Educational and midwifery lectures are arranged monthly by the Newcastle branch of the Royal College of Midwives and the Northern Midwife Teachers' Group of the Royal College of Midwives.

A good deal of extra work is imposed on the midwives in connection with the follow-up of cases discharged from hospital before the fourteenth day, and because of the necessity for midwives to accompany patients by ambulance to outlying hospitals.

Up to 42 Part II pupil midwives are trained annually. The first three months' training is undertaken by the Newcastle General Hospital Maternity Unit Approved Part II Training School. The Matron of the Maternity Unit holds the Midwives' Teaching Diploma and she is the Tutor.

For the second three months, on the district, the pupil midwives reside in a comfortable hostel with a resident superintendent and assistant, both of whom hold the Midwives' Teaching Diploma. Each pupil is attached to a Municipal Domiciliary Approved Midwife Teacher. Her records, register, and work on the district are supervised by the Superintendent of Midwives on the same principal as the municipal midwives. During her district training she is given experience in the care of the premature infant under the supervision of the trained premature infant nurse.

Student nurses from the Newcastle General Hospital and the Royal Victoria Infirmary were taken on visits by the midwives, and visits to the Part II midwifery training hostel were arranged. The students appear to be very interested in the work on the district.

7. Health Visiting.

During the years 1948-1952 a progressive programme of the extension of the Health Visiting Services to the community as a whole was continued.

The extent of the area that each health visitor covers varies according to the conditions prevailing, and, so far as possible, she attends a centre adjacent to her district. The value of the health visitor depends so very much on her knowledge of conditions and activities in the area in which she is working, and here during the past year, every encouragement has been given to the staff to take a more alive part in the general activities of their areas. A number of the women's organisations have invited health visitors to give talks.

The continuation of frequent visiting to both the premature baby and the family needing continual help and advice has shown a definite improvement in conditions in many cases. The extension of more frequent visits with help and demonstration where necessary would undoubtedly assist those families where parentcraft is so poor. It is to be hoped that the health visitor will be enabled to have her case-load so reduced that this extra help, advice and demonstration, where necessary, can be given. The embracing of the family unit by the

health visitor is now becoming much more realistic and there is a noted increase on the extension of visiting beyond the expectant and nursing mother and young children. In this extension of the service the aged have become a very alive and interesting section of her work, and she is being frequently approached both by the families and the neighbours for advice on the care of this group.

In the ante-natal and infant welfare centres definite progress appears to have been made. A much keener effort is obvious regarding the use of health talks, demonstrations, and at times films, so that the ultimate aim of obtaining a high standard of parentcraft in our community and positive health may be reached.

The liaison with the general practitioner has over the past years improved a little. This was encouraged by meetings of three representatives of general practitioners with health visitors to discuss some of the ways by which they might become much closer. The health visitors have themselves much more frequently contacted the general practitioner himself and the ultimate good relationship that is really required for the benefit of the family is undoubtedly being realised more and more both by the family practitioner and the health visitor.

The liaison with the hospital continues to grow and here the hospital appears to be realising more and more how much the work of the domiciliary field can assist. This is undoubtedly being fostered by the continuation of the introduction to the homes and centres of the student nurse from the Newcastle General Hospital, and a new venture—the introduction of the student nurse from the Royal Victoria Infirmary. A number of social science students have been introduced to the family by the health visitor. This past year has brought to us many visitors from abroad, and here the health visitors have co-operated magnificently in demonstrating and explaining the work we do.

The City Library service has once more co-operated during the year in giving displays of suitable children's and mothers' books at some of the infant welfare centres. Cookery demonstrations were arranged by the Gas Board in some of the infant welfare centres, and both these efforts were very much appreciated by the mothers.

Six health visitors are sent yearly to nursing or refresher courses held under the auspices of one of the recognised health organisations. This is very much appreciated by the staff and does mean that each member is able to avail herself of such a course once every six or seven

years. The extension of in-service education to encourage the staff to keep abreast of recent developments in their own work is carried out each month by the introduction of speakers and films. A joint Study Day with the midwives and home nurses was arranged and a large number of the staff were able to attend. The Central Council for Health Education gave a two-day course and some members of the staff were allowed to take part in this.

The courses for student health visitors continued during the years 1948-1952 and have trained 97 British students as well as two World Health Fellows from Indonesia during this period.

Each student health visitor during the course has continued to carry a small family case-load and has worked closely with the health visitor responsible for the area, who has given readily her knowledge, guidance and advice on the families and discussed any difficulties with her. This very close link with the particular families over a period undoubtedly gives the student an opportunity to study and observe as well as assist the individual families.

Assistance is offered by the Local Health Authority to those people who are suitably qualified to obtain their health visitors' certificate. During the training period the assisted students receive three-quarters of the qualified health visitor's salary and in return they are expected to continue in the service of the City for one year and three months if so required. A qualified Tutor is available to the course, thus giving the students continued assistance and encouragement during their training. The students have the use of a slowly-growing staff library. In some cases the opportunity to live in a nurses' hostel is given, and they have the use of a pleasant lecture room for study purposes.

There is no doubt that a course of this nature has a very beneficial influence on the health visiting service. Many members of the health visiting team assist in demonstrations and the standards set by the University, technical, educational and professional lecturers pervade through to the department.

8. Home Nursing.

The home nursing service is continuing to serve the City and offers bedside nursing care to all sections of the community.

Nursing staff has been increased during the past years to meet the demand for nursing care which is becoming increasingly popular and necessary. A further increase of staff will still be required as time

goes on. The present strength consists of the Superintendent Nursing Officer, a Superintendent of the District Nurses and 41 district nurses. The nurses have their own districts and work in groups of five, one of these in each case being the relief nurse. Each home nurse still carries too heavy a case-load. With the increasing number of housewives going out to work, the number of elderly people living alone, and the lack of hospital accommodation, nursing in the home very often has to extend to preparation of nourishment for the patient and even to the lighting of a fire. The co-operation here between the home help service and the home nurse is good, yet the home nurse still has to deal with the emergency domestic care, as well as nursing of patients at the week-ends, if there is no relative or neighbour available.

The home nurse is a real member of the Public Health Nursing team, and her work brings her increasingly closer to the health visitor and midwife. This is fostered by the general co-ordination of the service. Six male nurses are a vital part of our Home Nursing Service, and working over the whole of the City area are able to deal with cases which are more easily handled by a male nurse.

More and more is the family doctor contacting the individual nurse of the district direct. This is encouraging as it ensures that the patient benefits from the combined services of family practitioner and nurse.

Liaison with the hospitals has improved yet there is still room for a much closer relationship between the two. The almoners and Sisters from the hospitals more and more are getting in touch direct with the nurse concerned before the patient is discharged. This link so very much depends on the good relationships between the home nurse and the hospital staff. There is no doubt that this will continue to grow as the domiciliary and nursing services become more known to the medical and nursing staff of the hospitals, through the introduction of the medical student and student nurse to the field during training.

The liaison with one of the hospitals has been improved after the home nurses themselves had gone into the hospital for a short refresher course. Thus the staff became aware of the work that the home nurses are doing. The extension of the hospital refresher courses will develop as opportunities arise. The home nurses have taken a very active part in the introduction of the hospital student nurse to the district work, and they have also assisted in introducing the medical student to the work of nursing in the home.

Attention has been drawn to the need for an extension of the district nursing service to cover certain cases at night. At present the nurses do attend in cases of emergency but there is no definite arrangement for nurses to stay with a patient who may so require it, as this would mean the depletion of the already heavily loaded day staff. Arrangements have been made for the coming year to engage two nurses who will be available for emergency night work and for relief on day duty when required.

During 1952 some 4,522 new cases were attended in their homes by the district nursing service. General practitioners referred 4,105 of these cases. 1,504 were over the age of 65 years and many of these cases are senile and suffer from hemiplegia and chest complications. The rise in the administration of anti-biotics has so greatly increased that now a large proportion of time is spent on giving injections. Over the past year it has been interesting to note that there has been a definite increase in the proportion of patients under the age of 25 years. This is due to the administration of anti-biotics to young people with respiratory infections and febrile conditions.

The home nurse has been very much the Cinderella of the profession as regards arrangements for refresher courses. This has not been entirely forgotten as arrangements have been made with one of the hospitals for the nurses to attend for short periods, when possible, at the hospital itself. A joint Study Day, with other sections of the Domiciliary Nursing Staff, was arranged during the year and a certain percentage of home nurses were able to attend.

A monthly meeting of all the home nursing staff is arranged where staff education is encouraged by the introduction of speakers and films. This is much appreciated by the nurses and will be extended wherever possible.

Courses of home nursing have been arranged this year to enable us to give home nursing training to all those members of our staff who have not taken district training and this will continue until such time as all are so qualified. The nurses have received thirty-two lectures during the course as well as a large amount of practical home nursing experience. An examination was held and certificates given to those candidates who had been successful. Gratitude is expressed to the lecturers who have given of their valuable time to enable us to conduct this training course.

9. Vaccination and Immunisation.

Prior to 1948 diphtheria immunisation was provided as part of the Child Welfare Service, at special immunisation sessions, whilst vaccination against smallpox was undertaken by the Public Vaccinators. When the National Health Service Act came into operation, however, it was considered desirable to set up a separate Section of Immunology to bring within one organisation the several obligations relating to prophylactic inoculation imposed by that Act. The City was fortunate in that emeritus Professor Hutchens was able to accept the additional responsibility as clinical head of the Department.

As in previous years, eleven clinics for diphtheria immunisation were held every week, and in addition, five vaccination clinics were arranged. Some of these clinics were rather poorly attended and in 1950 it was decided that four of the vaccination clinics could conveniently be held fortnightly; one of the diphtheria immunisation clinics was also changed to fortnightly, one was held monthly, and the remaining nine continued to be held weekly. The clinics are now conducted by a panel of general practitioners who are paid on a sessional basis, with the assistance of a nurse-clerk who prepares the clinic and completes the records. (Professor Hutchens died in 1950.) The general administration of the Section of Immunology is undertaken by an administrative officer who devotes part of his time to this work. The whole-time staff at present consists of 3 nurse-clerks with clinic and clerical duties, 1 male clerk and 1 junior clerk. The part-time staff consists of the administrative officer, 5 part-time clinic medical officers for diphtheria immunisation, and 2 clinic medical officers for vaccination.

Diphtheria Immunisation—Primary Immunisation: To ensure that all parents are given the opportunity to have their babies immunised before the first birthday, the mother is sent a postcard when the child reaches the age of 8 months, advising her to have the baby immunised either by her own doctor or at the clinic. This card indicates the address of the nearest clinic and also states when the immunisation sessions are held. A register is kept of each child born, and when completed record cards are received either from general practitioners or from the clinics, they are marked off in the register. If no record of immunisation has been received by the time the child has reached the age of 18 months, the Health Visitor is notified and she makes a special visit. If a child is not brought back to the clinic for its second inoculation at the proper time, a reminder is sent.

“ Boosting ” Inoculations : Every month the various health visitors prepare lists of children on their district who have reached the age of $4\frac{1}{2}$ years and these lists are sent to the Section of Immunology. Postcards are addressed to the mother of each child advising that if the child was immunised in infancy, it should have one further “ boosting ” inoculation before starting school. This postcard also indicates the nearest clinic, and states when it will be open.

In addition to the above, arrangements have been made with the School Health Service whereby the head teachers of the various primary schools in the City notify the Section of Immunology of all new starters who have not been immunised, and again postcards are sent to the parents advising immunisation.

Records are kept of all children immunised either at clinics or by private practitioners, and they are retained for a period of 15 years. The record cards are printed to conform to the statutory requirements and are filed in years of birth and in alphabetical order. Boosting doses are entered on the same record as the primary inoculations.

Various forms of propaganda are more or less continuously in use, mainly aimed at securing the primary immunisation of children before their first birthday. Posters are regularly displayed in all the Child Welfare Centres, on outdoor notice boards in various parts of the City, and in shops. Leaflets are distributed at the clinics and from the Health Department, and advertisements are published in the local press. In addition, the Health Visitors constantly remind parents of the value of diphtheria immunisation.

The small outbreak of diphtheria in 1951 enabled publicity measures to be driven home and there was a very successful response to the facilities provided at that time.

Vaccination against Smallpox—Primary Vaccination : Some of the machinery outlined above for securing the immunisation of children is also used for the purpose of vaccination. The register of births records the date of vaccination as well as the date of immunisation. When a child reaches the age of $3\frac{1}{2}$ months a postcard is sent to the mother advising that the child should be vaccinated, preferably when about 4 months old, either by the family doctor or at one of the vaccination clinics. The address of the nearest clinic is indicated on the card, which also states when vaccination sessions are held.

It has been found that most parents take their children to the family doctor to be vaccinated, and it was felt that any attempts to organise vaccination clinics on the same lines as immunisation clinics

would prove uneconomic. As in the case of diphtheria immunisation, the health visitor is notified of all children for whom no vaccination record has been received, and she endeavours to persuade the mother to have the child vaccinated. The records of vaccination are similar to immunisation records, and these also are filed in alphabetical order in years of birth.

Propaganda consists of posters and leaflets distributed at the Health Department and at all the Welfare Centres, whilst posters are regularly displayed on outdoor boards in various parts of the City and in certain large shops.

Whooping Cough Vaccination : Negotiations were in progress during 1952 with a view to introducing an experimental scheme in the City for whooping cough vaccination. This scheme, which is to be conducted in conjunction with the Medical Research Council, will commence early in 1953, and will provide for the inoculation of all children between the ages of 4 months and 4 years. Three special clinics are being arranged for this purpose, and all general practitioners in the City are being invited to co-operate.

Other inoculations : Facilities are made available at the clinics on request for the different inoculations required by persons going abroad, such as enteric fever, cholera and typhus. Yellow fever inoculations are given by the Regional Blood Transfusion Service.

10. Ambulance Service.

The 1952 figure for patients carried is 115,179 and the miles travelled amount to 778,885. These, in comparison with last year's figures, show an increase of 12,162 patients and 12,933 miles. The statistics in Appendix B reveal the load figures dealt with by the service over the last four years and from these it is possible to glean the altering demands of the service. It can be seen that at the inception of the service the Local Health Authority were faced with a considerable problem in answering their responsibilities under Section 27 of the National Health Service Act as there was no assistance coming in from the neighbouring County Councils and other authorities, and progressively, no doubt as other services have improved and the system of co-ordination has been stepped up, the outside burden slowly diminishes but is more than supplemented by the increased demands from their own administrative area. The summary at the bottom of the table reveals that the City cases have increased by 45,000 patients since 1949, whilst other authorities' cases have decreased by some 4,000 and similarly the mileage reveals the same trend.

These increases are most interesting and go to prove the difficulties which are experienced in the planning and policy making of the service.

It was the general expectation of the Ministry and the Local Health Authority that the demand on the service would have stabilised itself by the end of 1951 and indeed it did appear that this was so in the figures for the latter part of that year. It is particularly worthy of comment when it is recalled that the Local Authority adopted a policy to reduce the number of cases they carry out of the City. This reduction was achieved by stepping up the system of co-ordination with visiting authorities, and especially with their neighbours, the Durham County Council. As the tables reveal, there is a drop in the work done on behalf of that authority, and more efficient co-ordination with other authorities is revealed by virtue of the fact that there has been an increase of 1,118 in the number of cases passed over.

The increased demand is accounted for solely by the City residents, this figure having jumped by 11,924 cases over the year, and the Local Authority is now being called upon to supply transport for some 102,000 persons in the year, all of whom reside within their own administrative area, this being a very high percentage of their population in comparison with statistics published by the Ministry of Health. Possibly this can be accounted for by the fact that the hospital services in this area are extremely well developed, particularly in relation to the out-patient departments, and therefore no doubt the general practitioner makes a greater use of these services than is normally done throughout the country and, coupled with this, the district being a highly industrial area the incidence of out-patient need is greater than that of a residential district.

The statistics from Appendix C reveal without doubt that the greatest demand on the service is for the transporting of out-patient treatment cases, a fact that is verified from surveys taken throughout the country. Reviewing the system in operation for controlling the supply of transport in these cases to ensure that there is no unnecessary use of the service, transport is only supplied on a certification of need being issued by a general practitioner or by a recognised official of the hospital, and then this is only valid for a maximum period of four weeks on these certifications which then have to be renewed by the general practitioner or hospital official confirming that it is still necessary. This, of course, makes this type of case the most difficult to deal with administratively and requires more administrative labour to control, but ensures that there is no misuse of the service.

Over the four and a half years of operating the service, the Local Health Authority have been most conscious as to the abuse of the service and from the inception have adhered strictly to the terms of reference for obtaining the use of the service as laid down by Ministry of Health Circular 66/47, paragraph 20, and have on no occasion supplied transport—other than to emergency cases—without first obtaining the instructions of a general practitioner or hospital. In the early days, however, it was felt that there was a small percentage of cases being transported which, although covered by the necessary authorisation, did appear to a layman's observation to be an unnecessary use of a vehicle. However, since the publication of Ministry of Health Circular 30/51 this state of affairs has greatly improved, bearing in mind that it primarily is a humanitarian service.

Included in the above-mentioned tables is the work that the service carries out for other departments of the Local Health Authority, namely, the Domiciliary Midwives' Service, the Mental Health Service, and the Occupational Centre for Backward Children. Also, there is necessary a close liaison between the service with the Police, the Coroner's Court for mortuary work, and further to this, assistance is given to the Regional Blood Transfusion Service when necessary.

Co-ordination : Reference is made above to co-ordination with other authorities, a subject that has been foremost in the minds of the Local Health Authority since the start, and whilst they have been fully conscious of their obligations and responsibilities to the hospitals in their administrative area as laid down in Section 27 of the National Health Service Act, it has always been the Local Health Authority's aim—subject to the fact that neither the hospital nor the patient suffered inconvenience through co-ordination with visiting authorities—for as many cases as possible to be handed over to enable them to be carried back by returning empty ambulances or other vehicle, and to ensure that this system worked to its maximum efficiency, traffic clerks were set up in both of the major hospitals in their area and operated a bureau on the lines of a "clearing house" with the primary object of effecting economies and doing away with empty ambulance miles. This policy it is felt commends itself both from a national and local economy level. Again, during the year, the Local Health Authority have tried to step up the co-ordination of this service and have entered into a trial agreement with the Durham County Council, there already being an agreement with the Northumberland County Council. While it can broadly be said that there is a certain success

being achieved on these lines, as the outside authorities are certainly reducing the percentage of the number of cases that this service has been called upon to deal with in the past on their behalf, there is a trend that it is now being used with the idea of effecting an inter-authority economy which might well get out of hand and not only unbalance the central service but cause delays and inconvenience both to the patient and the hospitals.

There is no doubt that the ideal for dealing with discharges when the geographical set-up of this area is considered, from aspects of patients, hospital and economy, is a central pool of vehicles which are not confined to any boundary restrictions and, therefore, can serve more than one authority.

During the years under review the Local Health Authority have recovered under Section 24 of the 1949 Amendment Act, costs in respect of cases covered by this Act amounting to :

1949/1950	£446
1950/1951	£22,645
1951/1952	£14,622

Due to the geographical position of this area and the fact that it is a large hospital centre, the costs against this Local Authority under this section have not comparatively risen, the reason being that it is not necessary—because of the excellent medical facilities available within the City boundaries—for residents to leave the City for any special medical attention.

Vehicles : The establishment of the fleet in December, 1952, was :

<i>Ambulances.</i>	<i>Sitting Vehicles (up to 4 seats).</i>	<i>Sitting Vehicles (over 4 seats).</i>
27	6	9

This establishment has been progressively arrived at starting at the inception of the service with :

	<i>Ambulances.</i>	<i>Sitting Vehicles (up to 4 seats).</i>	<i>Sitting Vehicles (over 4 seats).</i>
1948	12	6	1
1949	26	5	4
1950	26	5	5
1951	27	6	9

It will be seen from these figures, when compared with Appendix B, showing the commitments of the service, that it was necessary to build up the vehicle establishment of the service immediately which,

in itself, now creates a most complex problem when consideration is given to any replacement programme. As the influx of new vehicles, rather than being spread over a predicted period, all came into service within some twelve months and therefore if replacements are considered on a time period rather than on a mileage basis, renewals will fall due at one time. Another disturbing factor in regard to vehicles bought between 1948 and 1950 is that the quality of the steel that was put into the body panelling is of a very low grade and it is found that deterioration is setting in at an unpredictable early date in respect of these vehicles. Where it has been reported by the Local Authority that it was thought possible that a maximum mileage life of a vehicle would be in the region of 250,000 miles, experience is showing that this estimate may be rather on the optimistic side.

The above table also shows the introduction at an early date into the Local Health Authority's establishment of vehicles of the sitting case type of 'bus, the need for this having been seen by the authority early in 1949 as a method of transporting out-patient treatment cases, and while this was looked upon with some misgivings as being an entirely new inception in the ambulance world, it now appears to have been accepted throughout the country as an economical and efficient way of transporting this type of case.

Premises: It has been the Local Health Authority's policy, to meet its obligations and to have an economical and efficient service, to operate as one central main control station and two sub-stations in the east and west of the City, this set-up being comparable to the geographical layout of the administrative boundaries. It was thought that this target had been achieved when the adaptation scheme for the east end station situated in Merley Road was accepted by the Council and the Ministry. Unfortunately, due to the expansion of a large engineering works who had prior claims over the ground, this east end adaptation scheme has had to be abandoned and although the Local Authority has purchased a most suitable alternative site in the vicinity, it is regretted that to date the scheme for an east end station is still only on paper, and it would appear that there are many obstacles to be overcome before the station is erected.

The lack of this east end station is most inconvenient to the planning and operating of the service and places a most unfair burden upon the central control station, both from an operation and administrative point of view, plus the fact that it embarrasses the Local Health Authority as they are without proper garage accommodation for their

fleet. It is also creating difficulties as it is not possible from the temporary accommodation in the east end of the City to give proper coverage to that part of the City which is highly populated and is the main heavy industrial area which they are called upon to cover.

During the year the Local Health Authority have given consideration to their obligations in respect of ambulance coverage for the daily increasing demands for the newly developing area of the City in Kenton and Fawdon, and have made representations to the proper department that accommodation for an emergency ambulance station be earmarked in the north of the City to meet this new need.

Communications : The Local Authority have always been conscious that an efficient communications system is the back-bone of the service and that over and above the normal G.P.O. telephone system in a City that is densely populated to the extent of some 33·3 persons per acre—which means that the picking-up points for any cases must be in very close proximity—that a system of direct communication to the vehicle would be both advantageous and economical. It would also obviate the necessity of a vehicle returning to any set point for fresh instructions. With this in mind, early in 1949 extensive investigations and trials were carried out with the V.H.F. two-way radio and these did prove to the Local Authority that vehicles fitted with this system were able to achieve a far higher patient carrying load log than those without it. In addition to this, by virtue of the fact that the vehicles of the service were widely spread throughout the City on their various duties, it was possible with this system of communications to direct vehicles to incidents of an emergency nature much quicker than by any other means, therefore affording a far more efficient service to the public. Accordingly this type of communication was installed, there primarily being some ten vehicles equipped operating to one base station. However, to overcome the difficulties when vehicles were off the road for maintenance or other reasons, another twenty vehicles were equipped with a skeleton outfit so as to make the mobile units transferable amongst the fleet. During the ensuing years it has been the Local Health Authority's policy to add mobile units to the fleet with an eventual aim of having some twenty vehicles equipped with two-way communications.

While there is no doubt that this system of communications is one of the utmost usefulness to the service, it is one of which it is difficult to give any statistical review. However, it is the Local Health

Authority's firm opinion that without this equipment it would be necessary to increase the number of vehicles by four within the service, and personnel accordingly.

A dramatic incident that fully revealed the usefulness of V.H.F. communications was on the occasion in August, 1951, when the Local Health Authority had to deal with an accident of a major character at the Central Railway Terminus. Two trains collided in the station and there were some 60-70 persons injured in varying degrees. In accordance with a pre-prepared plan, on notification of the incident a senior member of the staff was sent to the incident with a radio-controlled vehicle. On arrival he was able to set up an incident post and was immediately able to assess the casualties and, by the use of his V.H.F. radio, was able to bring in and control the necessary vehicles to deal with the accident. Within five minutes of being notified of the accident it was possible to have several ambulances with all the necessary equipment at the point to alleviate suffering and remove the patients. Within one hour from the time of receiving the first intimation of the accident reports were coming in that all patients had been removed to hospital with the exception of one unfortunate patient who was trapped in the debris.

There is no doubt that by the use of this method of communication not only was it possible to deal with this accident efficiently, but the direct communications to the vehicles made it such that it in no way interfered with the normal workings of the service and, in fact, two other minor emergencies were dealt with during the same period.

The only disadvantage that has been experienced in the use of this system is that unfortunately a neighbouring authority of close proximity is also operating the system and sharing a similar frequency, thereby to a certain degree impairing the efficiency of the system by the inevitable happening of both authorities requiring the air channels at one time.

Maintenance : The Local Authority's policy of setting up its own repair workshops, both for mechanical and body-building work within the service, is one that has proved most advantageous and economical as it ensures that the workmanship is of the highest quality and that the turn-round of vehicles is quick. Also it is obviating the necessity of carrying any large reserve fleet. It is now the policy of the Local Authority to be completely self-contained within its own workshops and the only work that outside repairers are called upon to do on their behalf is that of a machining nature as, due to the size of the fleet, it is not thought economical to purchase any expensive machining tools.

Statistics for the workshops for the year show that some 70 vehicles were subject to 10,000 miles inspection checks, these entailing a vast amount of detailed inspection and replacement of worn parts throughout the whole vehicle and, after a vehicle has received this type of check it is up to the first class standard of road-worthiness and every essential part that has shown wear or deterioration has been renewed. 226 vehicles have been through a 2,000 miles inspection and checking stage and there have been some 334 vehicles through the workshops for miscellaneous repairs—items which cropped up between their inspection periods—or are due to breakage or other mechanical defects. Included in this miscellaneous work is the fitting of eight replacement engines, all of these engines—other than the actual machining operations—have been reconditioned throughout by the Local Authority's own staff.

Due to the fact that most of the vehicles are into their fifth year of operation, the policy of repainting has had to be faced and in this direction eight vehicles have been done during the year and it is intended to step this up during the ensuing year.

The internal costing system within the service shows that during the year the cost of maintenance in respect of the fleet has been in the region of £4,619. These costs are derived from the expenditure on component parts and included in them are the wage sheets for the personnel employed on this class of work, and, in addition to these two items, the cost of tyres is also included. Here it might be worthy of note that the policy the Local Authority adopted of using manufacturers' remoulds on existing casings has proved most profitable, and while it will be appreciated that the tyreing of vehicles in the service must be of high standard, it has been found practical to get 60,000–62,000 miles out of most sets of casings.

First Aid : The Local Health Authority have laid down that it is a condition of employment that all members of the staff either have a First Aid Certificate on enrolment, or obtain same within a period of six months of joining the service. These instructions are rigorously adhered to and all personnel, both drivers and attendants, are fully qualified. In addition to the ordinary certification for First Aid there are now within the service many members of the staff who have reached the medallion standard of the St. John Ambulance Association.

Vaccination : A policy has been laid down that within the prescribed period of three years all members of the staff come up for

re-vaccination, and new entrants into the service are asked to certify the date of their last vaccination and this is reconciled into the schedule according to the period elapsed.

Safe Driving Awards : All members of the driving staff are entered in the competition for National Safe Driving Diplomas, and in the year 1952 some 76 members qualified out of 87 entrants. This average has been maintained throughout the period under review.

Sickness : The statistics of the Local Authority show that the average amount of sickness throughout the service is in the region of five per cent. of the total working hours.

Civil Defence : Under Ministry of Health Circular 40/50 dated the 18th April, 1950, it is the duty of the Local Health Authority to train all their full-time employed personnel in Civil Defence, this training involving some 22 hours basic and a period of 60 hours' sectional training. So as to comply with this regulation, arrangements have been set up during the year that the staff be trained and by December there were some 38 members who had gone through basic training.

The training in respect of volunteers has not progressed as fast as it was desired. Unfortunately, at this stage, it has not been possible to get ahead with this, due to the fact that the number of volunteers available for sectional training in the Ambulance Service is very small.

11. Prevention, Care and After-care.

(1) **TUBERCULOSIS :** The National Health Service Act materially changed the arrangements for the tuberculosis services in the City. The sanatoria, the dispensary, the mass miniature radiography unit, together with the medical officers, were transferred to the Regional Hospital Board. The almoner and the health visitors associated with the dispensary continued their work but remained administratively with the Local Health Authority. In 1952 the Regional Hospital Board divided the City into two units based on separate dispensaries and each with its staff of chest physicians. The Local Health Authority accordingly appointed another almoner and assigned the district health visitors accordingly. The chest physicians supervise all home visiting and prevention measures for the Medical Officer of Health. Both chest clinics are now fully equipped with x-ray facilities and the Regional Hospital Board by provision of additional sanatorium beds for the City has been able to reduce the waiting lists considerably.

The Local Health Authority tuberculosis health visiting scheme is working well and a very good relationship has been built up between the Regional Hospital Board's services and those of the City. It may be felt that the service under the present Act still lacks somewhat the complete unity that it should possess, nevertheless very considerable progress has been made during the last few years in improving facilities for diagnosis, treatment and rehabilitation of patients.

The mass miniature radiography unit dealt with some 20,516 members of the public during 1951 and no fewer than 4,271 cases were referred directly by general practitioners. This source of ascertainment has been uniformly high in the City for many years and is most valuable.

The children's contact clinics under Dr. Miller, the pædiatrician, have continued work commenced in 1946 and 451 children were referred in 1951. The valuable contribution of this work to Newcastle is described in the "Lancet" of the 24th January, 1953 (page 158).

B.C.G.: An additional medical officer from the University Child Health Department has been appointed to co-ordinate the preventive measures; ascertainment and other matters appertaining to tuberculosis of childhood and a full report of these activities will be given in the detailed 1952 report.

Voluntary Tuberculosis After-care: The reconstituted Council continues to play an important part in provision of certain items which could not normally be supplied by the Local Authority. After-care classes continued and the almoners comment very favourably upon the value of the good work done. A list of the statutory and voluntary agencies which have assisted patients through the almoners is given on page 62 of the 1951 Annual Report.

The general position with regard to tuberculosis in the City has improved considerably, and particularly the mortality rates. The number of deaths from tuberculosis, however, is not a true index of the importance of the disease. Notifications also have fallen but this fall probably will not be marked for some considerable time yet and the Health Committee has strengthened its services to improve preventive measures, to improve ascertainment and to work closely with

the general practitioners and the Hospital Management Committee. The following table shows trends in the City during the last ten years :—

Year.	PULMONARY TUBERCULOSIS			NON-PULMONARY.			ALL FORMS.		
	Notifica- tions.	Deaths.	D.R. per 1,000 Pop'n.	Notifica- tions.	Deaths.	D.R. per 1,000 Pop'n.	Notifica- tions.	Deaths.	D.R. per 1,000 Pop'n.
1943	595	270	1.06	140	55	0.21	735	325	1.27
1945	580	227	0.85	115	47	0.18	695	274	1.03
1947	546	259	0.89	98	39	0.13	644	298	1.02
1949	516	222	0.75	94	24	0.08	610	246	0.83
1951	485	110	0.38	71	14	0.05	556	124	0.43
1952	430	95	0.33	64	12	0.04	494	107	0.37

(2) ILLNESS GENERALLY : The staff of the Almoner's Department consists of two Almoners, three full-time and one part-time clerks (of these one full-time and one part-time clerk are at the Invalid Loan Depot).

The work of the Almoners has continued along the usual lines. The normal problems connected with maternity, domestic difficulties, illness and old age have been dealt with. The central register for the aged has been compiled in the department, and this has increased the exchange of information and the close co-operation between all those interested in the welfare of old people, and has ensured that social problems have been referred to the almoner. Friends, neighbours and relations of old people have also either come in to see the almoner, or telephoned for advice. In some cases this advice was all that was needed but in 342 cases during 1952 some social action was taken. The number on the register totalled 4,782 at the end of 1952. The names were received from voluntary sources and from the home nurses and home helps, and were all sent to the Chief Nursing Officer so that the health visitors may pay periodic visits. Lack of hospital accommodation and the difficulty of obtaining home helps at once for urgent cases has as in previous years been the greatest difficulty in dealing with this group.

Invalid Loan Service : This service continues to be of great benefit both to the sick people of the City and to those who are caring for them. The use of it increased during 1952 (3,023 articles of equipment were lent in comparison with 2,565 in 1951). A great deal of work is entailed in keeping a check on the equipment. This is done with the co-operation of the home nurse where one is attending, but during 1952 253 visits were paid by the depot staff for this purpose.

List of Equipment Lent during 1952.

Blankets	66	Bedsteads	59
Sheets	206	Mattresses	55
Draw sheets	484	Mattress covers	52
Pillowcases	93	Air beds	42
Pillows	41	Feeding cups	33
Back rests	373	Bed cages	63
Air rings	399	Invalid chairs	75
Bed pans	415	Dunlopillo mattresses	63
Rubber bed pans	32	Commodes	52
Male urinals	165	Sorbo ring or square	19
Female urinals	41	Spinal carriage	1
Rubber sheets	461	Miscellaneous	29

Convalescence : During 1952 the Local Health Authority maintained 250 patients in various convalescent homes. 89 cases were referred by the hospital and chest clinic almoners and this convalescence was arranged by them.

255 patients were referred to the department for arrangements for convalescence (190 by their doctors, 53 by health visitors, midwives, probation officers, etc.). 12 patients were unable to go but 243 were convalesced. Facilities for convalescence in the Newcastle Region have not improved and there has been difficulty in placing certain patients in suitable homes.

The table below shows the diagnosis of the adult patients :—

General and nervous debility loss of weight etc.....	70	Pneumonia & Pleurisy	10
Chest conditions	31	Gastric conditions	5
Neurosis	26	Hypertension	6
Rheumatic conditions	13	Post-natal	3
		Other diseases	15

Payment was arranged as follows :—

Local Health Authority (patient assessed for contribution)	161	City Welfare Department ...	1
Voluntary Funds and Free Homes	29	Regional Hospital Board....	35
		Patient paying full cost	17

An almoner working from an office in a Health Department is in a rather unusual position in contrast to the almoner in hospital or clinic who has her patients referred by the medical staff, and it was, therefore, decided that it would be of interest to produce figures showing the sources of reference :—

General Practitioners	305	Day nursery department ...	10
Health visitors	222	Women's Voluntary Service .	25
Midwives	105	Soldiers, Sailors and Airmen's Families Association.....	7
Home nurses	31	Other Statutory and Voluntary Officials	50
Home Helps	16	Private persons	18
Chief Welfare Officer	31	Patients coming of their own accord	255
Probation Officers	14	Unrecorded references	52
National Society for the Prevention of Cruelty to Children.....	10		
Newcastle Council of Social Service	23		
Hospital almoners and hospitals ...	32		

It is interesting to note that so many still come of their own accord, having been advised by friends or neighbours. This group also included many who had known the almoner in previous years and who returned with some other problem.

Analysis of Work.

Total number of interviews.....	1675
New applicants	1206
Visits	692

Assistance Arranged

Convalescence	277	Sitters-in, Shopper	8
Clothing	132	District nurse	27
Permanent bedding, cots & prams	95	Radios for housebound	1
Financial help	45	Accommodation found	1
Arrangements for care of children.	106	Care of unmarried mothers	23
Referred to domestic help department	78	Employment found	12
Visitor	51	Permanent invalid chairs	13
Advice on domestic problems and miscellaneous minor services ..	641	Escort	3
Admission to home or hospital, hospital or medical treatment..	108	Sitters-in at night	2
		Surgical appliances	7
		Night nurse	1

Agencies to which Patients were referred.

Statutory.

National Assistance Board	133
Ministry of Labour	7
Ministry of National Insurance...	1
Ministry of Pensions.....	1
Probation Officer	1

City Departments.

Health Department for convalescence	161
Day nursery	44
Home help	78
Children's Officer	39
Director of Education	16
Mental Deficiency Officer	2
Social Welfare Department	34
Duly Authorised Officer	1

Voluntary.

Newcastle Council of Social Service & Old People's Welfare Committee	37
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Women's Voluntary Service	52
Meals on Wheels	5
Moral Welfare Workers	28
Hospital Almoners	57
Poor Children's Holiday Association	17
Rotary Club	2
Soldiers, Sailors & Airmen's Families Association.....	48
Remploy.....	2
Newcastle Housing Improvement Trust	3
British Red Cross Society	16
St. John Ambulance Brigade	3
British Legion, Royal Naval Benevolent Fund, Post Office Benevolent Fund	9
National Society for Cancer Relief	1
Invalid Loan Society	2
Newcastle Day Nursery.....	1
Miscellaneous	30

The help and co-operation of the Voluntary and Statutory Bodies have been much appreciated.

12. Domestic Help.

The Domestic Help Service organised under the National Health Service Act is playing an important part in the City. The Home Help Service, in conjunction with the District Nursing Service and the general practitioners, are giving people in their own homes an excellent health and medical service. Domestic Help Services are provided as suggested under Section 29 of the Act "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age." This definition includes a very great number of people who need help and the services are provided only where recommended by a general practitioner or by some responsible officer in the Health Service. It is particularly in respect of the care of the aged that an enormous demand has been encountered and a demand which seems to be ever increasing. The records of the Home Help Service reveal stories of all manner of conditions existing in the City, of courage, of suffering, of self sacrifice, of loneliness and of the sorry plight of some of the old people.

Present Position (31st December, 1952).—The following table shows the relationship of cases treated and the number of helps at cases during certain weeks ending at dates specified during the years 1951 and 1952 :—

<i>Date.</i>	<i>Home Helps employed at Cases.</i>	<i>Cases Treated.</i>	<i>Cases per Home Help.</i>
Week ended 7th April, 1951	150	231	1.54
Week ended 29th March, 1952	239	418	1.75
Week ended 27th December, 1952	293	574	1.96

Nature of Cases Helped. (a) Maternity Cases—From the table below it will be noted that the number, 367, of maternity cases attended is appreciable. This part of the service is nowadays specially valuable when maternity hospital beds in the City for mothers are not sufficient to meet demands. Some priority is always given to maternity cases.

(b) Other Cases.—An analysis of 1,133 other cases attended during 1952 shows the large number of cases of aged and chronic sick in their homes and this increase is likely to continue. Since restriction of admissions to Elswick Grange and the taking over of further beds in the Newcastle General Hospital for other purposes, a greatly increased load responsibility has been laid upon the domiciliary service. Very close co-operation exists between the hospital admission staffs and the Local Authority and the Welfare Authority but the number of aged

and chronic sick nursed in their own homes is a most serious problem in the City. The Health Committee in providing the Domestic Help Service has assumed a welfare and social responsibility as well as health responsibility. There can be no doubt that the Health Department is thus providing in many instances a valuable service for the hospital and welfare services.

(c) Cases attended in households during 1952 :—

Maternity	367
Short term illness	114
* Long term illness (under 65 years)	270
Child care (mother ill)	30
Aged sick (over 65 years)	719
	<hr/>
	1,500
	<hr/>

* Includes cases of tuberculosis, cancer, heart and chest diseases.

It will be noted that the proportion of aged persons given help during 1952 was approximately 48 per cent.

Difficulties in Assessing Needs of Service : The Health Committee have had to keep the growing needs under constant review and changes and difficulties encountered have been as follows :—

- (a) There has been a constantly increasing demand for help to the aged in their homes attributable to several factors such as :—
 - (i) The difficulty in gaining admission to hospital—already referred to ;
 - (ii) The restrictions placed upon the Welfare Committee in providing hostel accommodation ;
 - (iii) The numerical increase in the number of people aged 65 and over in the City (this group numbering some 29,000 persons or about 10 per cent of the whole population) and diseases associated with old age are certainly not fewer.
- (b) Successive wage awards have added very materially to the Committee's budget.
- (c) A service employing over 350 women whose ages in the main lie between 35 and 50 has to allow for a proportion of sickness and sick pay and cover for work.

- (d) Income received from payments is not high because of the large number of poorer patients amongst the older members of the community. The Committee have their own scale of recovery charges, and a survey of 1,089 users of the service in 1950 showed that approximately 70 per cent. had less than £8 a week and 30 per cent. had less than £4 a week.

General Comments on the Service : The service has been able to recruit a most excellent body of women, many of whom have reared families of their own and who are competent housewives able to instruct the younger members of the community and also those who perhaps have not always had a chance. Particularly has their work with the aged and long-term sick been very highly appreciated in the City. When looking at the problem generally, it should always be remembered, although the service may be requiring a fairly heavy expenditure for maintenance, a very much heavier expenditure for maintenance would be required if the cases were to be admitted and maintained in hospitals or in hostels. The contribution made by the Domestic Help Service is a very material one to the Health Services of the City. Perhaps too readily these days are cases transferred elsewhere, but where there is available, as there is in Newcastle, a General Practitioner Service, a Home Nursing Service, and a Domestic Help Service to help the citizens to maintain care of the family members who are ill or aged among the family itself, then a substantial contribution is being made to the health and the welfare of the people in their own homes.

Training : In the early days of the service, some 30 members of staff were trained under the auspices of the National Institute of Houseworkers but these training arrangements ceased and the Health Department now provides training, lectures and demonstrations through the Child Welfare Section for the entrants to the service. Arrangements are being made for the Education Committee to take over responsibility for this training.

13. Health Education.

Steady progress has been made during the past few years in the development of the health education activities of the Local Health Authority. A member of the staff has been designated "Public Relations Officer" since 1944, with responsibility for the co-ordination and development of this work. The appointment was originally made with a view to interesting people in Mass Radiography, and through this, many useful contacts were made, but with the transfer of the

Mass Radiography Unit to the Regional Hospital Board in 1948 the Public Relations Officer was able to devote part of his time to other functions of the Health Department. The present position is that the Public Relations Officer spends approximately half of his time on health education.

Advantage has been taken of the various facilities offered by the Central Council for Health Education for the supply of exhibition stands, display topics, posters and leaflets, and they have also co-operated in running short courses on health education methods for members of the staff. Each welfare centre has been supplied with a magnetic blackboard, flannel-graphs are being increasingly used, and each centre will shortly be equipped with a small display stand.

A film-strip projector was purchased in 1950 and a library of suitable film strips is being gradually built up. This projector is now almost constantly in use at clinics and elsewhere for illustrating talks and lectures covering a variety of subjects given by various members of the staff.

Until March, 1952, considerable use was made of the facilities offered by the Films Division of the Central Office of Information, and, with the aid of a rear-projection unit, several films were shown to a number of audiences. The withdrawal of this service proved a temporary setback, but a 16 mm. sound film projector has now been added to the department's educational equipment so that films can be shown wherever and whenever required, although it will mainly be used in the welfare centres, where the most "fruitful" audiences are found.

Small exhibitions covering different subjects have been arranged at the clinics, and a large exhibition dealing with "Clean Food" was staged in 1950, but it is still very doubtful whether exhibitions are of any permanent value in putting a message over to the general public.

With regard to accidents in the home, illustrated talks are constantly being given, both at welfare centres and to other organisations, whilst posters and leaflets are displayed and distributed periodically. In addition, whenever a home accident is reported, a special visit is made by the district health visitor to ascertain the cause of the accident and to give advice where necessary. The leaflets used are those supplied by the Royal Society for the Prevention of Accidents.

So far as food is concerned, the Sanitary Inspectors' Department has been very active. Talks, instruction and demonstrations have been arranged for staffs engaged in the food preparation and distribution trades. The trade generally has made extensive use of this service.

14. Mental Health.

(i) ADMINISTRATION.

(a) Committee responsible for service. The sub-committee to which the mental health service has been referred consists of 5 members of the Health Committee, together with a co-opted member who is an experienced voluntary social worker.

The sub-committee is concerned with :—

(1) Mental Deficiency—

The ascertainment of cases.

The disposal of new cases.

The care of cases under guardianship and Statutory Supervision and those awaiting hospital care.

(2) Mental Treatment.

The Deputy Medical Officer of Health generally attends on behalf of the Medical Officer of Health, together with the senior authorised officers who are in charge of the Lunacy and Mental Deficiency Sections.

(b) The number and qualifications of staff employed in the Mental Health Service is as follows :—

(1) The Medical Officer of Health.

(2) The clinical Consultant of the Mental Health Service of the City, who is also the Physician Superintendent of St. Nicholas Hospital.

(3) The Physician Superintendent of the Northgate and District Hospital is the consultant in Mental Deficiency.

(4) The Deputy Medical Officer of Health (administrative).

(5) A clinical part-time officer experienced in the examination of cases of mental deficiency is employed for this purpose.

(6) A panel of 6 part-time Psychiatrists and doctors approved by the Local Health Authority for certification of patients under the Mental Deficiency Acts.

(7) The Department of Psychological Medicine of the University of Durham under Professor Kennedy plays an important part in the City Mental Health Service.

- (8) The Mental Deficiency Department staff working under the Mental Deficiency Acts consists of a senior authorised officer and an assistant petitioning officer (female) who also acts as secretary. The Mental Welfare Department staff (working under the Lunacy and Mental Treatment Acts) consists of a senior authorised officer with 3 authorised officers (one female).
- (9) Occupation Centre Staff. One qualified supervisor, 2 assistant supervisors, and 3 domestic staff. To be extended in 1953.

(c) Co-ordination with the Regional Hospital Board and Hospital Management Committees : The clinical adviser of the Mental Health Service also the Physician Superintendent of St. Nicholas Hospital, continues to act as a valuable link between the Local Health Authority on the one hand and the Regional Hospital Board and Hospital Management Committee on the other.

The City is fortunate in having the University Department of Psychological Medicine available for consultation. The University staff under Professor Kennedy have been very helpful indeed to the officers of the Local Health Authority in matters relating to mental deficiency and mental treatment and observation. It is hoped to develop this relationship further in the next few years. The training courses arranged by the University Department from time to time have proved most beneficial to the officers of the Authority.

The authorised officers attend the St. Nicholas Hospital to enable arrangements to be made for the further supervision of patients about to be discharged. After-care and domiciliary supervision of hospital patients are closely linked through the hospital staff. Reports are supplied when required by the duly authorised officers to the Physician Superintendent. Social histories are supplied by the department in respect of all cases admitted to mental hospitals and to the Observation Ward of the Psychiatric Unit at the Newcastle General Hospital. A further contact between the Health Department, the Regional Hospital Board and the Hospital Management Committee exists in the St. Thomas' Psychiatric Clinic centrally sited in the City. This out-patient clinic is available mainly for Newcastle cases and the authorised officers are frequently in attendance.

The Mental Deficiency Section staff provides the various mental deficiency hospitals under this Regional Hospital Board area and elsewhere with home reports and social histories quarterly. The two members of staff also supervise and report on a number of patients on

licence from such hospitals. The special Mental Deficiency clinic is held in the Maternity and Child Welfare clinic at Wharnccliffe Street which is fairly centrally situated, and cases are seen by the consultant in mental deficiency at bi-monthly sessions usually.

(d) Duties delegated to Voluntary Associations : There is no formal delegation, the authorised officers referring cases to such bodies when it is thought they might be able to help. The Local Authority is associated with the National Association for Mental Welfare and sends representatives to the annual conferences.

(e) Arrangements for the training of Mental Health Workers : The staff of the lunacy and mental deficiency sections attended (as in 1951) a brief residential weekend course in April, 1952, provided by the Department of Psychological Medicine, King's College, Durham University.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28, National Health Service Act, 1946; Measures taken for prevention of mental illness, care and after-care of the mentally ill and defective : Prevention—Many cases are referred to the duly authorised officers of the City, by the Police, and Social Services, and by general practitioners. One of the main measures for prevention is the close relationship of the duly authorised officers and the general practitioners of the City. The Local Medical Committee has frequently paid tribute to the ready assistance and advice tendered by the authorised officers. The existence of the specialist clinics in the City is well known and there is no doubt that the system of booked appointments has done much for prevention, diagnosis and treatment. Further details are given in tables on pages 75-78.

Care and After-care : The duly authorised officers have taken an active part in the care and after-care of mental patients by giving practical advice to patients and their relatives not only on the legal procedures relating to mental hospitals but also by aiding them in the social and economic problems which arise when such patients are admitted to, or are discharged from mental hospitals. Patients recently discharged from mental hospitals are visited, and such patients and their relatives are invited to visit the department if at any time they wish to seek advice. The duly authorised officers also work in conjunction with the Psychiatric Social Workers, by taking social

histories, and by reporting on the home conditions of patients. They also occasionally assist relatives in the removal of private cases to mental hospitals.

The Mental Deficiency Officer has attended local Courts on 37 occasions during 1952, to give evidence in 20 cases where mental defectives by their conduct had come into conflict with the law. In only 6 cases (3 males and 3 females) was it possible for the Magistrates to exercise their powers under Section 8 of the Mental Deficiency Act, 1913.

Hospital and Institution Admissions : The difficulty in obtaining hospital accommodation for the mentally ill or disordered persons which is being experienced is a severe handicap to proper care and seriously delays the benefit which immediate hospital treatment may be able to give.

The local authority is compelled to do what it can for those cases left at home. The shortage of hospital beds for cases of mental deficiency which require admission also continues to be serious, as is shown by the waiting list which at the end of the year was 67 (28 males and 39 females), compared with totals of 79 in 1951 and 69 in 1950. Admissions to hospital were 26 in 1952, compared with 45 in 1951, despite unremitting efforts being made to find vacancies. Furthermore, it is unfortunate that the principle of admitting according to the waiting list has often to be waived as very urgent cases arise and a bed has to be assigned forthwith. A further effect of the bed shortage is that in certain cases mental defective children are placed under the care of the Children's Officer which produces difficulties from the extra supervision needed apart from being unsatisfactory for the other children.

Temporary hospital accommodation was secured in mental deficiency hospital under the terms of Circular 5/52 for 6 males and 11 females, each for two weeks, and one juvenile female was placed in hospital under Section 15 of the Mental Deficiency Act, 1913, until such time as a permanent vacancy becomes available. In 1951, only 8 were so admitted and 4 in 1950.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by duly authorised officers/mental health staff : The following table shows the category of cases received into hospital :—

ANALYSIS OF THE 677 ADMISSIONS TO MENTAL HOSPITAL OR CLINIC.

	<i>Psychiatric Unit.</i>	<i>St. Nicholas Hospital.</i>	<i>Other Hospitals.</i>	<i>Totals.</i>
Under Section 20—				
By duly authorised officers	337	58	15	410
Under Section 21—				
On Magistrate's Order	—	1	—	1
Certified at home before admission	—	118	2	120
Under Criminal Justice Act, 1948—				
Certified	—	4	—	4
Voluntary	—	2	—	2
Voluntary Cases	—	140	—	140
TOTALS	<u>337</u>	<u>323</u>	<u>17</u>	<u>677</u>

The annual hospital admissions to mental hospitals fell from 819 cases in 1950 to 703 in 1951 and to 677 in 1952. The cases dealt with by the duly authorised officers under order totalled 566, 434 and 411 for the respective years. The increase in domiciliary certification before admission continues, cases so dealt with over the same 3 years being 14, 91 and 118 respectively.

SUMMARY OF DISPOSAL OF HOSPITAL CASES IN 1952.

	<i>Psychiatric Unit.</i>	<i>St. Nicholas Hospital.</i>	<i>Other Hospitals.</i>	<i>Totals.</i>
To Mental Hospitals.				
(a) Certified cases removed	50	16	10	76
(b) Transfers from Section 20 to Voluntary Class	1	32	1	34
(c) Transfers from Section 20 to Temporary Class	1	—	—	1
TOTALS	<u>52</u>	<u>48</u>	<u>11</u>	<u>111</u>
Home or otherwise—				Totals
(a) Home from Psychiatric Unit				126
Home from St. Nicholas Hospital				4
(b) Died in Psychiatric Unit				17
(c) Discharges from Section 20 to General Wards, etc.—				
Newcastle General Hospital				126
Royal Victoria Infirmary				1
Birney Hill Convalescent Hospital				1
Miscellaneous				3
(d) Discharges from St. Nicholas Hospital				253
e) Deaths in St. Nicholas Hospital				104
Total				<u>635</u>

(c) Under the Mental Deficiency Acts, 1913-1938 :—

(i) Arrangements for ascertaining and supervising mental defectives : The following table shows the variety of sources from which cases were reported to the Mental Deficiency Section :—

SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION IN 1952.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Education Department	19	18	37
Hospitals	3	3	6
Miscellaneous Sources	2	8	10
Health Visitors	2	1	3
Courts	3	5	8
General Practitioners.....	1	2	3
Home Office	1	—	1
Other Local Health Authorities.....	2	2	4
Probation Service.....	2	1	3
Totals	<u>35</u>	<u>40</u>	<u>75</u>

DISPOSAL OF CASES BY THE MENTAL DEFICIENCY SECTION IN 1952.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
To hospitals	8	2	10
Placed under statutory supervision	13	23	36
Placed under voluntary supervision	—	3	3
Lunacy Act	—	1	1
Died or removed	1	2	3
Not defective	2	4	6
Action unnecessary	6	—	6
Action deferred.....	5	5	10
Totals	<u>35</u>	<u>40</u>	<u>75</u>

The particulars of visiting and reporting on defectives under Local Authority supervision with associated data are as follows :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Total cases under—Statutory Supervision	187	208	395
Voluntary Supervision	2	4	6
Guardianship	3	3	6
Cases placed under Statutory Supervision	—	—	—
Number of Statutory visits paid	477	830	1307
Number of homes and progress reports made for hospital authorities.....	98	80	178
Petitions presented	11	6	17
City cases in mental deficiency hospitals	309	227	538
City cases in places of safety	—	—	—

(ii) Guardianship : No cases were placed under guardianship during the year, but the six cases on the books were visited. None are under local authority care.

(iii) Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area : Occupation Centres —It is expected that the site and buildings in Jubilee Road which were formerly used by the Princess Mary Maternity Hospital will be adapted and ready for use as an occupation centre in the second half of 1953.

The proposal that an adult male occupation centre should be provided during 1953 is likely to materialise before the end of the year.

During the earlier part of 1952 the one-day occupation centre at the Diana Street Clinic continued with its excellent work under the supervision of the mental deficiency officers. Later a full-time occupation centre was opened on the 7th August, 1952, in the pre-fabricated building in Byker Park and which was previously used as a day nursery. The centre is under the charge of an experienced supervisor who is helped by two assistants, two cleaners and a part-time cook. The number of children in attendance is at present 21 and transport is supplied for them by the ambulance service. A mid-day meal and mid-morning milk are provided. The Byker Park centre is located in a pleasantly situated building well suited for its present use and the conversion from a day nursery to a mental welfare use has been very successful.

Adult Girls' Club : Fourteen girls under statutory supervision attend in the evening after their afternoon handicraft class. The female officer of the mental deficiency section began this Club in October, 1950, and continues to be in charge. It now meets in the evening at the occupation centre at the end of the handicraft class.

(iii) OUT-PATIENTS' CLINICS.

(a) St. Thomas' Psychiatric Clinic : This clinic serves St. Nicholas Hospital, Gosforth : St. George's Hospital, Morpeth : and St. Mary's Hospital, Stannington, from a building provided by the Regional Hospital Board, and serves as an extension into the City of hospital out-patients' departments.

The source of the 537 City patients attending is as follows :—

*Own doctor	361
Probation Officer	58
School Health Service	44
Ex-hospital in-patients follow-up	42
Ministry of Labour	17
Duly Authorised Officers	12
Ministry of Pensions	2
Marriage Guidance Council	1

* The Authorised Officers have been associated with many cases referred by doctors.

(b) Special Mental Deficiency Clinic, Wharncliffe Street Centre :—

<i>Source of persons Referred.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Newcastle Mental Deficiency Section ..	15	7	22
Northumberland Health Authority	6	4	10
City Education Department	5	1	6
Probation Service.....	1	1	2
Consultant	—	1	1
General Practitioners	—	—	—
Totals	27	14	41

APPENDIX A.

VOLUNTARY ASSOCIATIONS IN NEWCASTLE UPON TYNE CONNECTED
WITH THE HEALTH DEPARTMENT.

MATERNITY.

Family Planning.
Moral Welfare Association.
Salvation Army Women's Work.
Newcastle Diocesan Association for Moral Welfare.
Hexham and Newcastle Diocesan Rescue Society.
Marriage Guidance Council.

CHILDREN.

Dr. Barnado's Homes.
Durham and Northumberland Adoption Society.
Fairbridge Farms Schools Inc.
National Society for the Prevention of Cruelty to Children.
Poor Children's Holiday Association.
The Friends of Spastic Children.

NURSERY.

Tyneside Nursery Schools Association.
Newcastle Nursery Playrooms.
Newcastle Day Nursery.

AGED.

Little Sisters of the Poor.
Newcastle Aged Female Society.
Old Age Pensions Association.
Jewish Board of Guardians.
National Council of Women.
Old People's Welfare Advisory Committee.

GENERAL.

St. John Ambulance Brigade.
British Red Cross Society.
Inner Wheel.
Toc H. Women's Association.
Soroptimists.
Women's Voluntary Services.
Tyneside Council of Social Service.
Newcastle Rotary Club.
Newcastle Housing Improvement Trust.

NURSING—Catholic Women's League.

BLIND—National Institute for Blind.

POLIOMYELITIS—Infantile Paralysis Fellowship.

DEAF AND DUMB—Northumberland and Durham Mission to the Deaf and Dumb.

TUBERCULOSIS—Tuberculosis Care and After Care Council.

MENTAL HEALTH—Ancillary Social Services Committee.

COMPARATIVE FIGURES SHOWING THE WORKINGS OF THE SERVICE FOR THE

FOUR YEARS 1949, 1950, 1951 AND 1952.

Year	City.		Northumberland.		Durham.		Other Authorities		Co-ordinated Cases.	Ancillary Mileage.	Midwives' Service.	Chargeable Mileage.	Civ. Def. Training Mileage.	Totals.		Working Hours.
	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.						Cases.	Mileage.	
1949	56,675	283,519	6,742	119,504	10,532	173,555	263	30,439	2,729	33,531	1,401	5,201	—	74,212	648,140	216,086
1950	82,812	397,625	6,911	132,018	9,819	174,370	1,689	57,858	3,624	41,745	13,855	13,230	—	101,231	830,701	235,713
Difference ..	+26,137	+114,106	+169	+12,514	—713	—815	+1,426	+27,419	+895	+8,214	+12,454	+8,029	—	+27,019	—182,561	+19,627
1951	90,200	442,949	3,360	72,741	6,838	124,593	2,679	53,319	5,839	36,143	13,787	22,420	—	103,077	765,952	218,610
Difference ..	+7,388	+45,324	—3,551	—59,277	—2,981	—49,777	+990	—4,539	+2,215	—5,602	—68	+9,190	—	+1,846	—64,749	—17,103
1952	102,124	460,738	3,485	72,967	6,697	118,056	2,873	56,222	6,957	19,858	14,274	32,998	3,772	115,179	778,885	220,825
Difference ..	+11,924	+17,789	+125	+226	—141	—6,537	+194	+2,903	+1,118	—16,285	+487	—10,578	+3,772	+12,102	+12,933	+2,215

Increase in City cases over four years	45,449	Increase in City mileage over four years.....	177,219
Decrease in Outside Authority cases over four years	4,482	Decrease in Outside Authority mileage over four years ...	69,253
Total increase in cases over four years	40,967	Total increase in mileage over four years	130,745
Increase in co-ordinated cases	4,228		

LOCAL HEALTH AUTHORITY AMBULANCE SERVICE. APPENDIX C.

ANALYSIS OF CASES CONVEYED DURING THE TWELVE MONTHS FROM THE 1ST JANUARY TO THE 31ST DECEMBER, 1952.

Month.	Total No. of patients carried.	ADMISSIONS.				Out-patient Treatment Cases.	Discharges.	Mental Cases.
		Emergency.	Infectious.	Maternity.	Admissions.			
January	9,600	395	21	114	710	5,823	2,488	49
February	9,127	400	23	163	604	5,595	2,293	49
March	9,287	377	34	144	712	5,467	2,496	57
April	8,846	364	32	166	772	5,111	2,366	35
May	9,315	463	28	152	784	5,195	2,654	39
June	8,984	439	38	170	681	5,210	2,395	51
July	9,563	449	37	156	677	5,642	2,553	49
August	9,098	465	19	191	620	5,302	2,461	40
September	9,926	364	14	176	672	6,223	2,431	46
October	10,723	442	27	133	767	6,771	2,553	30
November	10,317	418	24	161	734	6,528	2,402	50
December	10,393	456	15	197	787	6,372	2,522	44
TOTALS	115,179	5,032	312	1,923	8,520	69,239	29,614	539
Previous Year	103,077	5,177	376	1,583	8,337	59,144	27,858	602
Difference	+12,102	—145	—64	+340	+183	+10,095	+1,756	—63

NATIONAL HEALTH SERVICE.

A detailed description of the work of the services provided under the National Health Service Acts is set out in the special survey on pages 31-80. The information given below is supplemental to this survey and is intended to complete the statistical records which usually appear in the Annual Report.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS DURING 1952.

(1)	Number of Women who attended during the year.		Number of New Patients who attended during the year.		Total Number of Attendances made by women included in Col. (2) during year.		Average Sessional Attendance.
	(2)		(3)		(4)		
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.
1952.....	2,283	115	1,724	115	8,438	115	14
1951.....	2,341	146	1,804	146	8,394	146	11

Births.

2,606 live births in families belonging to Newcastle occurred in institutions as shown in the following table :—

Nursing Homes.....	12
Princess Mary Maternity Hospital	493
Hopedene Maternity Home	159
Newcastle General Hospital	1,300
Other outside Hospitals	642
Total number of live Births	4,792
Proportion of Live Births taking place in	
Institutions	54.38%
Proportion in Newcastle Hospitals	40.73%

Care of Illegitimate Children.

Total number of illegitimate live births	223
Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility :—	
Brettargh Holt.....	8
Coledale Hall	5
St. Agnes	4
St. Faith's.....	2
Elswick Lodge	13
St. Raphaels	1

Ear, Nose and Throat Treatment and Speech Therapy.

30 cases were referred to ear, nose and throat specialists for advice and treatment and 17 were referred to the speech therapy clinic. Of the latter 10 were deaf or partially deaf children.

Orthopædic Treatment.

There were 158 children referred to the consultant orthopædic surgeon attached to the school medical department, all were seen and advised and treatment arranged where necessary.

Ultra-Violet Ray.

	Sun-Ray Clinic.	Newcastle Gen. Hospital.	Total.
Number of Patients treated .	41	9	50
Number of Treatments given	244	55	299

Sewing Classes.

A total of 238 classes were held at 5 centres. The number of attendances was 1,777—an average of 7 mothers at each class.

Nurseries.

No. of Nurseries	Total Capacity.	Children on Register at end of year.	No. of Attendances 0-2 years.	No. of Attendances 2-5 years.	Total Attendances.	Average Daily Attendance (Monday-Friday).	Admissions during year.	Discharges during year.	Average Saturday Attendance
7	338	336	14,916	58,780	73,696	301	577	638	25*

* These figures are in respect of 2 nurseries only.

Apart from the 577 admissions shown in the table there were 175 places offered which were not taken. One nursery was closed during the year and converted into an occupational centre for backward children.

In October, 19 nursery students sat the National Nursery Examination Board Certificate Examination and 14 were successful.

Report on the Priority Dental Service for Nursing and Expectant Mothers and Children under School Age for the year 1952.

This service is fully reported upon in the Special Survey on page 42.

SECTION 23—MIDWIVES' SERVICE.

During 1952 there was a decrease in the domiciliary births but an increase in the hospital births. Because of the decrease in domiciliary births two midwives who retired during the year were not replaced. There were 1,946 cases nursed at home by domiciliary midwives after discharge from hospital during 1952, and 359 cases which the midwives were called on to accompany in the ambulance to hospital.

The majority of mothers delivered on the district have had the benefit of gas air analgesia and pethidine. Ante-natal exercises have been held at four clinics, conducted by the Newcastle General Hospital Physiotherapy staff acting for the Local Authority. Talks have been given by the Health Visitors and Midwives at the ante-natal clinics in the city.

There were five maternal deaths during the year, giving a maternal mortality rate of 1.016.

There were 39 Pupil Midwives trained in Part II District Midwifery on the district, and it is pleasing to report that all passed their examination. Medical students have attended many cases with the midwives thus gaining practical experience on the district.

Attendances at Confinement.

Number of maternity cases in the area of the Local Supervising Authority attended by Midwives during the year.

	Domiciliary Cases.		Cases in Institutions.		TOTAL.	
	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.
Midwives employed by the Authority..	1,499	579	..	..	1,499	579
Midwives employed by Hospital Man-agement Committ-ees or Boards of Governors under National Health Service Act.....	53	..	2,979	717	3,032	717
Midwives in Private Practice (includ-ing Midwives em-ployed in Nursing Homes)	1	21	120	209	121	230
TOTALS ...	1,553	600	3,099	926	4,652	1,526
Number of cases attended by domiciliary midwives after discharge from Hospital or Institution and before the 14th day..... 1546						

Summary of Municipal Midwives' Work.

No. of Ante-Natal Visits.	No. of Clinic Visits by Midwives.	No. of Deliveries.		No. of Nursings.
		As Mat. Nurses Doctor engaged.	As Midwives.	
19,810	2,455	579	1,499	51,838

Still Births.

Among the 1,553 births attended by the municipal and private midwives 15 still-births occurred. In the 600 cases where midwives attended in the capacity of maternity nurse, 11 still-births occurred.

Of the 4,922 City births registered, 130 related to still-births, which gives a rate of 26.4 per 1,000 total births.

Suggested Cause of Still-births.

	Cases.
Ante-Partum Hæmorrhage	21
Placental Insufficiency	18
Fœtal Defects	15
Malpresentation	5
Inertia and Prolonged Labour	1
Toxæmia of Pregnancy	16
Prematurity	5
Rh. Negative.....	7
Asphyxia	5
Intra Uterine Infection	—
Other Causes	37
	<hr/> 130 <hr/>

Notices for Medical Aid sent by Midwives.

During Pregnancy—

Ante-Partum Hæmorrhage ..	19
Miscariages	6
Illness (Miscellaneous)	19
	<hr/> 44 <hr/>

During Puerperium—

Rise of Temperature.....	23
Other Illness of Mother	18
	<hr/> 41 <hr/>

During Labour—

Prolonged Labour	12
Uterine Inertia }	6
Malpresentation }	
Retained Placenta	10
Post-Partum Hæmorrhage ..	9
Ruptured Perineum	112
Other Abnormalities	15
	<hr/> 164 <hr/>

For Child—

Prematurity ..	21
Discharging Eyes	69
Congenital Defects	9
Illness of Baby	17
Still-Births	1
Rashes	5
	<hr/> 122 <hr/>

Total calls for mother and child—371.

Claims for fees from doctors in respect of calls from Midwives :—

	1949	1950	1951	1952
For prolonged labour—malpresentation.....	8	50	24	11
For post-partum hæmorrhage	18	14	8	6
For ante-partum hæmorrhage	18	10	10	9
For illness of mother	94	43	20	19
For illness of child	71	34	15	14
For premature birth	43	13	9	10
For discharging eyes	115	43	38	34
Ruptured perineum	211	117	66	46
Other	44	17	11	13
	<hr/> 694 <hr/>	<hr/> 341 <hr/>	<hr/> 201 <hr/>	<hr/> 162 <hr/>

The special nursing of Premature Infants in their own homes has continued to produce good results. The widespread interest in the scheme has continued and six Midwives from other authorities have attended a course in Newcastle for one month on "The Care of the Premature Infant." Visits have also been paid by several members of the medical profession from this country and abroad.

Close liaison between the midwife and Health Visitor has helped considerably in the success of the scheme.

The number of premature infants notified on the district during 1952 was :—

123 Living Births.

5 Still Births.

Of the 123 living births 121 were "specialled" by a Premature Baby Nurse, 12 premature babies being transferred to hospital within 14 days. No premature babies were entirely nursed by their own midwife.

Result of 111 "Specialled" Cases :

Birth Weight.	Survived 28 days.	Died.
2 lbs. 3 ozs. and under	—	4
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	—	7
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	21	8
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	25	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	45	1
TOTAL	91	20

Of the 91 surviving babies "specialled" by a Premature Baby Nurse :—

54 were entirely breast fed at the end of one month.

12 were receiving complementary feeds at the end of one month.

25 were artificially fed at the end of one month.

Visits :—The total number of visits made by the Premature Infant Nurses during 1952 was 3,208, plus 23 nights on duty.

Ten sets of premature twins were nursed on the district.

Equipment :—106 full sets of premature nursing equipment were issued during 1952.

Details of the 12 Premature Babies Admitted to Hospital.

Birth Weight.	Total.	Lived.	Died.
2 lbs. 3 ozs. and under	—	—	—
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	3	1	2
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	4	2	2
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	3	2	1
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	2	1	1
	12	6	6

Age groups of deaths of “specialled” Premature Babies.

Under 24 hours	21
Under 1 week	8
Under 2 weeks	—
Under 1 month	—

Weight Groups of Deaths of “Specialled” Premature Infants.

Birth Weight.	Under 24 hours.	Under 1 week.
2 lbs. 3 ozs. and under	3	1
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	4	3
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	4	4
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	—	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	1	—
Total	12	8

SECTION 24—HEALTH VISITORS.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births	4,863	30,699	35,562
Measles	6,149	3,463	9,612
Pneumonia	278	283	561
Whooping Cough	1,176	1,504	2,680
Poliomyelitis	68	46	114
Children over One Year .....	..	68,281	68,281
Hospital Cases .....	..	120	120
Expectant Mothers	988	720	1,708
Special Visits .....	..	4,067	4,067
Housing .....	..	736	736
Aged Persons .....	..	4,084	4,084
Unsuccessful Visits (Out and Removals) .....	..	23,861	23,861
Orthapædic Work	181	592	773
do. Treatments .....	..	3,072*	....
Tuberculosis Cases	4,022	5,001	9,023
Tuberculosis Contacts	1,007	1,558	2,565
Diphtheria Visits .....	..	1,065	1,065
Venereal Diseases—Contacts .....	..	1,227	1,227
Home Accidents .....	..	90	90
Totals	18,732	147,397	166,129

* Not counted in Total.

NOTE.—It has not been possible to show in the above table the actual number of households visited, but it should be noted that where the Health Visitors have visited more than one type of case in the same household, *e.g.*, an expectant mother, a toddler and an aged person, this would be counted as three visits. From July to December, 43,514 households were visited.

Infants on Visiting List.

Of 4,859 children under one year who were visited in 1952, 4,386 completed their first year, and of the remainder :—

140 died.

244 left the city.

36 could not be traced.

2 were visited only once.

6 were put in institutions.

The following figures are therefore based on the 4,386 who completed the first year plus 140 who died, making in all a total of 4,526, and of that total 3,204 or 70.8 per cent. attended the welfare centres.

Illness among the children visited—140 or 3.1 per cent. contracted measles ; 125 or 2.7 per cent. contracted whooping cough ; 53 or 1.2 per cent. contracted diarrhoea ; 126 or 2.8 per cent. contracted bronchitis or pneumonia.

Details as to children who should have attained the age of five years during 1952 :—

Well and attending school	4,357
Ill and not attending school	15
Left City or failed to trace	1,780
Died in 2nd year	11
Died in 3rd year	5
Died in 4th year	4
Died in 5th year	3
Total surviving whose whereabouts are known	4,372
Total deaths	23
Total reported upon	6,172

The addresses of 789 children who left the City in 1952 were sent to the Medical Officers of Health for the districts to which they had gone.

SECTION 25—HOME NURSING SERVICE.

SUMMARY OF NEW CASES VISITED BY HOME NURSES DURING 1952.

DISEASES.	Total Number of New Cases.	SEX.		AGE GROUPS.							RESULT.				Cases on Books at 31/12/52
		M.	F.	Under 1 year.	1-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.	Over 65 years.	Ill.	Dis- charged.	Referred to Hospital.	Died.	
Cardiac	273	122	151				5	22	84	162	117	58	33	65	93
Respiratory	716	337	379	68	118	37	36	115	149	193	97	549	36	34	47
Hemiplegia	260	109	151	..	..	..	..	6	57	197	97	41	35	87	102
Senile	242	89	153	..	..	..	..	..	2	240	92	30	37	83	69
Tubercle	178	82	96	..	3	9	35	79	41	11	84	47	32	12	45
Diabetes	38	6	32	..	..	1	..	2	11	24	17	16	3	2	28
Accidents	211	101	110	3	34	26	17	32	40	59	58	140	9	4	22
Fractures	53	157	38	..	..	1	2	5	19	26	24	23	3	3	17
Carcinoma	209	96	113	..	..	..	..	13	89	107	77	28	18	86	30
Post-Operative ..	464	214	250	21	33	16	39	112	154	89	131	304	15	14	74
Gynaecological ..	91	..	91	..	..	..	10	38	15	28	30	56	5	..	55
Post Obstetric ..	48	..	48	..	..	..	6	39	3	..	5	42	1	..	..
Neonatal	19	13	6	19	..	..	..	..	..	..	3	16	..	..	2
Stomach & Intes- tinal Complaints	377	134	243	2	34	26	29	63	86	137	43	289	34	11	20
Sepsis	1,253	535	718	30	210	167	150	300	203	193	228	969	51	5	139
Rheumatism ...	64	11	53	..	..	1	2	4	23	34	35	17	8	4	50
Nervous Com- plaints	17	7	10	..	..	..	..	7	8	2	7	6	1	3	8
Miscellaneous ..	9	4	5	..	..	1	1	1	4	2	3	5	..	1	2
TOTALS	4,522	1,875	2,647	143	432	285	332	838	988	1,504	1,151	2,636	321	414	803
1951 Totals ...	3,739	1,531	2,208	151	254	174	238	594	907	1,421	1,143	1,903	258	435	

Total visits 122,193 (1951—111,884)

SECTION 26—VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

Only one case of diphtheria occurred during the year, as against 14 in 1951, and this of course has had its effect on the number of children under 5 years who were immunised. Table I shows the number of children immunised or re-immunised at the clinics and by private practitioners, and it will be seen that the figures are considerably smaller than last year. This reduction is particularly noticeable in the attendances at the clinics, but this is not surprising when one considers the emergency arrangements which were made to cope with the rush for immunisation during the outbreak of diphtheria in the previous year.

Immunisation in relation to the child population is shown in Table II, and whilst the percentage of children immunised is lower than last year, it nevertheless bears favourable comparison with previous years. This percentage however, gives no call for complacency, for 100 per cent. is the ideal to be aimed at.

More could probably be done in the way of propaganda, but this apparently has little or no effect on some parents, and we must therefore cast around for other solutions to the problem. Various suggestions might be put forward, such as mobile clinics, inoculation by the district nurse or the health visitor in the child's own home, taking the children to clinics by car, making immunisation facilities available at all welfare sessions, etc., etc. This problem will have to be tackled and the question arises as to which of these suggestions is likely to prove most successful without proving too expensive.

TABLE I.

NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION, OR WHO WERE RE-INOCULATED, DIVIDED INTO TWO AGE GROUPS.

(1951 figures in brackets.)

1952.	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics	1,992 (3,216)	181 (571)	2,173 (3,787)
Private Practitioners	1,629 (1,782)	153 (292)	1,782 (2,074)
<i>Re-inoculation—</i>			
Clinics	1,548 (2,353)	566 (2,255)	2,114 (4,608)
Private Practitioners	580 (552)	615 (824)	1,195 (1,376)
<i>Totals—</i>			
Primary Immunisation ...	3,621 (4,998)	334 (863)	3,955 (5,861)
Re-inoculation	2,128 (2,905)	1,181 (3,079)	3,309 (5,984)

TABLE II.
IMMUNISATION IN RELATION TO THE CHILD POPULATION.

Year of Birth	1952	1951	1950	1949	1948	1943-47	1938-42	Total under 15 yrs.
Number immunised	102	2,571	3,404	3,668	3,965	18,676	15,263	47,649
	13,710					33,939		
Est. mid-year population, 1952.	24,100					41,500		65,600
% Immunised 1952. . . .	Under 5 years.		56·89		5-14 years.		81·77	72·64
„ 1951. . . .	„		54·98		„		82·56	71·69
„ 1950. . . .	„		51·25		„		80·28	68·93
„ 1949. . . .	„		49·74		„		80·38	68·47
„ 1948. . . .	„		47·31		„		79·94	67·66

Vaccination.

Whilst attendances at the special vaccination clinics have again been poor throughout the year, nevertheless the total of 2,427 children under the age of one year vaccinated at clinics and by general practitioners again represents approximately 50 per cent. of the total births. It will be seen from the following table that the total number of children vaccinated in 1952 differs very little from the previous year.

Judging by the number of International Certificates of Vaccination certified during the year, there does not appear to have been any great reduction in travellers to and from other countries, and, as has been said in previous annual reports, the speed of travel nowadays increases the vulnerability of this country to the introduction of smallpox from abroad, and it is even more important now that all children should be vaccinated at the age of about 4 months than it was some years ago.

TABLE III.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY VACCINATION AND
RE-VACCINATION IN 1952 DIVIDED INTO AGE GROUPS.
(1951 figures in brackets.)

Born :—	1951-52 Under 1 yr.	1948-51 1-4 yrs.	1938-47 5-14 yrs.	Before 1938 15 yrs. and over.	Total.
<i>Clinics—</i>					
Primary	766 (760)	35 (32)	3 (3)	13 (74)	817 (869)
Re- vaccination. . . .		3 (3)	4 (4)	173 (391)	180 (398)
<i>Private</i>					
<i>Practitioners—</i>					
Primary . . .	1,661 (1,670)	118 (70)	58 (75)	148 (229)	1,985 (2,044)
Re- vaccination. . . .		12 (5)	43 (33)	427 (409)	482 (447)
Total Primary Vaccinations	2,427 (2,430)	153 (102)	61 (78)	161 (303)	2,802 (2,913)
Total Re- vaccinations		15 (8)	47 (37)	600 (800)	662 (845)

Enteric Fevers and Cholera.

During the year 6 persons were inoculated at the clinics against enteric fever, 22 against cholera, whilst 7 persons were inoculated against both diseases, using the combined vaccine. In addition, 2 persons were inoculated against typhus and one person was given an anti-tetanus inoculation.

Whooping Cough.

Arrangements for the immunisation of children against whooping cough had not been completed at the end of the year, but in 1953 it is intended to set up 3 special clinics for this purpose and also to enlist the aid of all general practitioners in the City. At first, this service will be of an experimental nature to determine which is the most suitable vaccine, but when this has been established, whooping cough vaccination will become a permanent feature of the activities of the Section of Immunology.

SECTION 27—AMBULANCE SERVICE.

A full report on the work of the Ambulance Service during the year 1952 is included in the Special survey report on page 54.

SECTION 28—PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

Health Education.

There is no doubt that many of the so-called minor ailments from which people suffer are caused by the carelessness of individuals and their apparent lack of knowledge of a few simple rules of health. The main aim of health education is to remedy this, and the activities of the department on this direction have been well maintained throughout the year.

The withdrawal of the services of the Films Division of the Central Office of Information in March, proved a temporary setback, but it was decided to purchase a 16mm. sound film projector for our own use, and this has proved a most useful addition to the department's educational equipment.

The health visiting staff have made increasing use throughout the year of magnetic blackboards and flannelgraphs in illustrating their talks at the Welfare Centres and Ante Natal Clinics, and the film strip projector has been in considerable demand. Suitable film strips are added to our film strip library when they become available, and it is hoped that this library will eventually contain a wide range of subjects suitable for health education.

Continued use has been made of the facilities offered by the Central Council for Health Education for the supply of display topics, posters, and leaflets, and these have been displayed in the clinics and in various parts of the City. We also co-operated with the Central Council in the organisation of a short course for Sanitary Inspectors on "Recent Advances in Food Hygiene" and a two-day course for Health Visitors on "Ages and Stages in Health Education." These courses were greatly appreciated by those members of the staff who had an opportunity to attend.

The following table briefly summarises the year's activities :—

	No.	Total Attendance.	Average Attendance.
Film shows at Clinics	49	1,464	30
Film and film strip shows to Health Visitors, Nurses, Midwives, etc.	11	584	53
Film shows to other organisations	18	950	53
Film strips and talks at Clinics	50	1,225	25
Film strips and talks to other organisations.....	17	676	40
Talks only	8	365	46
	153	5,264	35

General Illness.

A detailed report on the work of the Almoner attached to the Maternity and Child Welfare Department is included in the survey report on page 64.

Tuberculosis.

The report on the work of the Almoners attached to the two Chest Clinics is included in the Tuberculosis section, pages 113-120.

SECTION 29—DOMESTIC HELP SERVICE.

Details of the Domestic Help Service are included in the survey report on page 67.

SECTION 51—MENTAL HEALTH SERVICES.

A full account of the administration of the above, and of the work undertaken during 1952, is included in the survey report on page 71.

NATIONAL ASSISTANCE ACT, 1948—SECTION 47.**National Assistance (Amendment) Act, 1951.****Removal to suitable premises of persons in need of care and attention.**

Whilst several visits were made, it was not necessary to exercise powers in connection with the above during the year.

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING
DISINFECTION, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

There were 13,188 (9,741)* notified cases of infectious disease in 1952 (compared with a total of 7,613 in 1950), this increase over 1951 being due to a continuing heavy incidence of measles and an increase of rubella to almost the same degree. Of the total cases, 249 (264) or 1·89 (2·7) per cent were admitted to hospital.

Table B shows incidence of infectious disease by wards with deaths for pneumonia, diarrhoea under 2 years and all forms of tuberculosis, whilst Table A shows incidence of cases and deaths by age groups with totals admitted to hospital.

There were 317 (453) cases of pneumonia with 154 (164) deaths. Although pneumonia formed only 2·4 (4·7) per cent of all notifiable diseases reported in 1952, it caused 95 (91) per cent of the 162 (182) deaths. As only 22 of the 154 deaths from pneumonia were amongst notified cases it is clear that many cases are not being notified, and presumably in the older age groups from reference to Table A.

Diarrhoea from gastro enteritis (non-notifiable) came next as a cause of death with 21 deaths (the 17 deaths in 1951 and 1950 were easily the lowest on record), giving a death rate per 1,000 of the population of 0·07 (0·06) of which 8 (9) deaths were under two years, equalling the 8 deaths from all notifiable infectious disease except pneumonia. (There were 20 road deaths in the City in 1952).

Only one case of diphtheria occurred in 1952. Particulars of immunisation are given in the section dealing with Vaccination and Immunisation on page 91. It is gratifying to record only one death from whooping cough, the lowest yet recorded.

Arrangements for visiting and supervision of infectious diseases cases remain as set out on page 94 of the 1950 report. 1 contact of smallpox, 2 of scarlet fever, 6 of poliomyelitis, 9 of typhoid fever and 5 of salmonella infections came under detailed supervision. No schools were closed in 1952 because of infectious disease.

Chicken Pox.

2,796 (2,963) cases were notified, and 76 primary cases in adults were visited by either the Deputy Medical Officer of Health in touch with the private doctor, or by special inspectors. Incidence was mostly in the months February—April, June—August, and October—December, with two peaks reaching just over 100 cases a week.

* Figures in parenthesis refer to 1951.

Diphtheria.

One non-immunised case and two unconfirmed cases of diphtheria occurred. 3 of 13 carriers (children) identified in association with the confirmed case were admitted to hospital.

Dysentery.

Of 44 cases confirmed, 43 were of a mild Sonne type, with one of Flexner. There were five admissions to hospital and one, a child of 3 months, died. Incidence from 1945-1952 was 350, 173, 14, 35, 118, 364, 224 and 44 respectively. In 1952 all cases except 4 occurred in the first 3½ months of the year, and in 5 households there were 2 cases.

Home nursed cases and carriers were kept under surveillance until considered free from infection. Bacteriological tests of contacts revealed 4 carriers and it was not considered necessary, in one case working in the food trade, to restrict employment. One nurse and 2 children at Armstrong Road Residential Nursery, 2 children at Woodland Crescent Nursery and 4 at West Parade Nursery were all mild notified cases. The other municipal day nurseries remained free from infection. These 9 cases in nurseries are a big improvement over the 93 cases occurring last year.

Enteric Fever.

There were 2 adult cases of typhoid and 3 of paratyphoid "B" all recovering. The 2 typhoid cases, mother and son, developed the illness within 3 weeks of returning from a holiday home at Blackpool, the Medical Officer of Health there, on being informed, identified further cases amongst persons who had been resident at the home during the same period. Surveillance and bacteriological testing showed no evidence of disease in 8 other Newcastle residents who had stayed there at the same time.

A hospital surgical in-patient was found to be a carrier of paratyphoid "B." Her two children who had already been sent to a relative a few miles away were both found infected, one being admitted to hospital as a rather ill case, the other, showing no clinical symptoms, returning to Newcastle. Four contacts of these children when staying outside Newcastle were found to be infected. The source of infection was not traced for these cases nor for 3 others, a boy, a girl and a man, who went to hospital.

Erysipelas.

33 (39) notified cases occurred fairly evenly over the year.

Food Poisoning.

Of 10 isolated cases occurring, 9 were *Salmonella* infections, of which 6 were due to *Salmonella typhi-murium* and 1 to *Salmonella enteritidis*, 6 cases going to hospital. There were no deaths. One carrier amongst 6 who were contacts was the only one to be issued with a certificate in 1952 under Circular 115/48 enabling sickness benefit during temporary withdrawal from employment.

Measles and Rubella.

4,051 (4,163) cases of measles and 4,006 (270) of rubella were notified during the year, with only 19 admissions to hospital and 1 death. This is the highest incidence since 1934 for both infections. The occurrence of 80 deaths from measles in 1934 makes a surprising contrast with the one death in 1952. 3,948 or 97·5 per cent of notified cases of measles ran a normal course. Further cases in a family are notified by health visitors who visited 98·7 per cent of notified cases.

The seasonal incidence of measles repeats that of last year. The increase rose steadily from January to a peak of 214 cases in the 4th week of June, with a minor peak of 175 cases in the 3rd week of April, which was almost double that of the weeks before and after. The incidence fell steadily to a few cases in late September when a second increase began which reached a peak of 179 cases in the last week of the year.

The outbreak of rubella which also began in January reached an incidence of between 280 and 300 cases, over the last 3 weeks in March, and the first 2 in April, a week after which there was a fall to 245 cases with the next week an increase to 365. The week following, the incidence was halved at 175 cases. An incidence of a few cases weekly was reached by the end of August and continued thus to the end of the year.

The minor peak of measles incidence coincided on the week ending 19th April, with the maximum peak for rubella, but the maximum peak of 214 cases of measles occurred when the corresponding total for rubella was 38. As in 1951 there was a weekly incidence of measles of over 100 cases for about 4 months.

Meningococcal Infection.

Of 10 (6) cases all admitted to hospital, 2 died.

Ophthalmia Neonatorum.

The 4 cases reported were visited and recovered.

Pneumonia, Including Influenzal Pneumonia.

317 (453) notifications of pneumonia included 7 of influenzal pneumonia. Health Visitors visited 276 cases. Incidence was spread fairly evenly over the year with fewest cases from July to September compared with an incidence last year showing a peak of 47 cases in the first week in January.

Poliomyelitis, Polioencephalitis.

Of the 53 cases in 1952, 31 were paralytic compared with 72 out of 100 cases notified in 1950. There were 29 admissions to hospital compared with 81 in 1950.

CONFIRMED CASES OF POLIOMYELITIS.

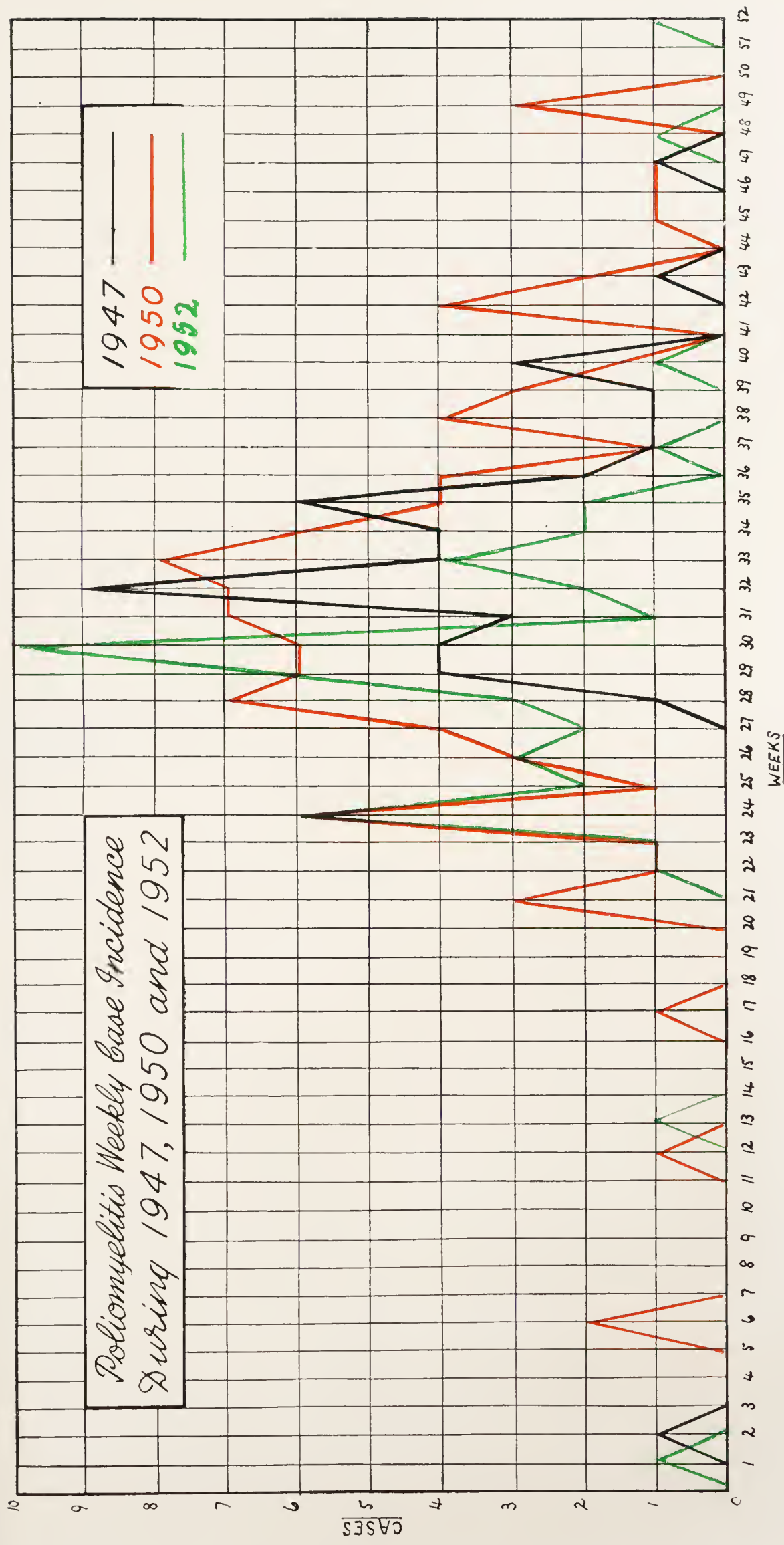
Year.	Admitted to Hospital.	Remained at Home.	Total	Deaths.	AGE GROUPS.	
					Under 15 years of age.	Over 15 years of age.
1947...	37	9	46	3	38	8
1948...	4	2	6	..	6	..
1949...	6	1	7	1	3	4
1950...	81	19	100	5	81	19
1951...	6	2	8	..	5	3
1952...	29	24	53	..	40	13
Totals	163	57	220	9	173	47

During the years 1950-1952, there were 104 paralytic and 57 non-paralytic cases of Poliomyelitis.

The graph shows weekly totals of cases over the 3 years concerned and that the outbreaks of 1952 and 1950 began in May in the 20th week, while that of 1947 began almost 2 months later in July. A maximum weekly incidence of 10, 8 and 9 cases occurred on the 8th, 13th and 5th week of the outbreaks in the respective years 1952, 1950 and 1947. In the two previous years referred to, most cases had occurred by October, but in 1952 this was so by the end of August, with the cases fairly evenly distributed. During this year single cases were recorded in January, March, November and December, and 2 in September, with the peak in the 3rd week of July. Weekly totals fluctuated more at the height of the 1952 outbreak than in the other two outbreaks.

Puerperal Pyrexia.

Of 120 cases reported, 100 occurred in hospital, and 3 were admitted to hospital from their homes.



Scarlet Fever.

There were 446 (384) confirmed cases, all mild, with an even incidence over the year. There were no deaths and there have only been 2 in the last 15 years. Only one case was admitted to hospital this year compared with 31 in 1951 and 50 in 1950, and the remarkable fall in the rate of admission is clearly seen in the table following. Although this infection is now almost entirely nursed at home, there has been no significant rise in further cases at home or indeed in the totals notified. Admissions to hospital were about 95 per cent. and above from 1930-1940, the present fall beginning in 1941. The table also gives attack rates per 1,000 of the population and the number of households with over one case each.

Year.	Notified cases.	Per Cent. admitted to hospital.	Attack rate per 1,000 population.	Households having	
				2 cases.	3 cases.
1952...	446	0.22	1.5	21	1
1951...	384	8.1	1.3	22	2
1950...	397	12.6	1.3	21	1
1949...	346	32.0	1.2	15	..
1948...	442	40.0	1.5	16	1
1947...	310	60.0	1.1	14	3
1946...	408	80.0	1.4	21	1
1945...	546	88.0	2.1		
1944...	700	86.0	2.7		
1943...	785	72.5	3.3		
1942...	871	70.6	3.4		

Whooping Cough.

1,289 (1,131) notifications were received. Only 1 death was recorded. During the 5 years 1948-52 enteric fever caused 1 death, diphtheria 2 deaths, measles 5 deaths, there were no deaths from scarlet fever and erysipelas, but 20 deaths from whooping cough. This disease chiefly affected the young child (there were 943 cases under 5 and 327 between 5 and 15 years) and the introduction of whooping cough vaccination in the coming year will reduce the incidence of a disease which can still cause so much damage to health.

	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Notified Cases.	1131	1431	1417	688	958	972	1080	408	641	1028	341	1564
Deaths	1	6	7	3	3	11	14	4	8	13	5	29

The incidence for the 4 quarters of the year was 278, 509, 341 and 161 with a maximum of 48 notifications a week early in May, incidence having gradually risen from a few cases in January to fall away to a few by the end of the year. It must be remembered that by no means are all cases of whooping cough notified, and that probably actual notifications represent about one third of cases occurring.

WORK OF INFECTIOUS DISEASE INSPECTORS.

Nature of Visit.	Notifiable Infectious Disease.	Non-Notifiable Disease.	Tuberculosis	Totals.
Cases at hospital	1,475	280	922	3,257
Home Cases	580			1,055 } 4,414
Home case (Revisits)	1,055			
Other Visits	102			
Disinfections	683	180	706	1,569
Specimens collected (stools, swabs, etc.).	216			216

SUMMARY OF NEWCASTLE CASES ADMITTED TO WALKERGATE HOSPITAL DURING 1952.

Disease.	No. of Cases.	No. of Deaths.	Disease.	No. of Cases.	No. of Deaths.
Diphtheria	1	..	Alimentary Diseases	13	1
Diphtheria Carriers ..	1	..	Blood ..	..	..
Dysentery	3	..	Cardiovascular ..	6	..
Enteric Fever	5	..	Genito Urinary ..	5	..
Erysipelas	1	..	Respiratory ..	54	1
Gastro Enteritis	22	2	Sepsis & Skin ..	13	..
Glandular Fever	4	..	Nasopharyngeal Inf.	10	..
Influenza	4	..	New Growths	4	3
Measles	28	..	Rheumatism	11	..
Meningitis and			Tonsillitis, etc.	35	..
Encaphalitis	13	1	Tuberculosis		
Meningococcal			Pulmonary	12	..
Meningitis	11	2	Tuberculosis		
Mumps	3	..	Meningeal	6	3
Pertussis	20	1	Tuberculosis Others .	2	..
Pneumonia	28	2	" N.A.D. "	12	..
Poliomyelitis	24	..	Unclassified	23	..
Puerperal Fever	2	..	Routine Examinat'ns.	36	..
Rubella	11	..			
Salmonella Infections	5	1	Totals	435	17
Scarlet Fever	2	..			
Varicella	5	..			

TABLE A.
CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS.
EXCLUSIVE OF TUBERCULOSIS.
AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1952.

NOTIFIABLE DISEASE.	AT AGES—YEARS.												NET TOTAL.		Cases admitted to Hospital. 1952						
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and up-wards.			Ages not known.		1952.		1951.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Diphtheria . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	14	2	1
Erysipelas . . . . .	..	..	333	..	..	..	..	..	..	..	..	..	..	..	33	..	..	39	..	1
Scarlet Fever . . . . .	..	..	2	..	..	..	..	..	..	..	..	..	..	..	446	..	..	384	..	1
Enteric Fever . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	5	..	..	3	..	5
Meningococcal Infections	4	1	..	..	..	..	..	..	..	..	..	..	..	..	10	..	..	6	3	10
Acute Poliomyelitis and	2	..	13	..	..	..	..	..	9	..	2	..	..	..	53	..	..	8	2	30
Acute Polioencephalitis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	3	..
Encephalitis Lethargica .	..	..	..	..	..	..	..	..	64	..	..	..	..	..	..	..	..	76	..	103
Puerperal Pyrexia . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..
Ophthalmia Neonatorum.	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..
Pneumonia	32	24	51	3	52	2	27	2	52	3	67	22	34	98	317	154	164	453	..	40	
Malaria . . . . .	..	..	..	..	..	..	2	..	1	..	..	..	..	..	3	..	..	..	..	3
Dysentery	4	1	15	..	12	..	3	..	5	..	..	..	..	..	44	1	..	224	..	5
Measles and Rubella . . .	238	1	3158	..	4295	..	228	..	96	..	10	..	3	..	8057	1	1	4433	1	19	
Chickenpox	66	..	830	..	1824	..	50	..	22	..	4	..	..	..	2796	..	..	2963	..	5
Whooping Cough	125	..	818	1	327	..	1	..	5	..	6	..	2	..	1289	1	1	1131	6	20	
Food Poisoning . . . . .	..	..	1	..	1	..	1	..	2	..	2	1	1	..	10	1	1	20	1	6
Totals ,	475	27	5003	5	6860	2	385	2	270	4	111	24	48	98	36	..	13188	162	9761	182	249

TABLE B.
WARD DISTRIBUTION OF INFECTIOUS DISEASES (NET).
(SHOWING DEATHS FROM PNEUMONIA, DIARRHOEA AND TUBERCULOSIS.)

WARD.	Diphtheria.	Erysipelas.	Enteric Fever.	Encephalitis Lethargica.	Food Poisoning	Scarlet Fever.	Meningococcal Infections.	Poliomylitis.	Malaria	Measles.	Rubella.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Chickenpox.	Dysentery.	Whooping Cough.	Tuberculosis (all forms).	Total 1952	Total 1951	DEATHS.		
																						Pneu- monia	Diarr- hoea under 2 yrs.	Tuber- culosis all forms.
St. Nicholas	1	..	..	..	6	..	..	..	107	95	3	..	4	..	27	1	44	17	305	329	13	..	3
Kenton	3	..	..	1	61	3	3	..	449	467	12	..	35	1	70	4	115	41	1265	1136	5	2	9
Scotswood	5	1	..	..	32	1	8	..	311	291	4	..	23	1	322	9	108	29	1145	467	10	1	5
Stephenson	6	..	..	1	25	1	1	..	419	279	10	..	23	..	105	2	109	42	1023	669	12	..	15
Armstrong	4	..	..	..	16	..	2	1	297	299	11	1	20	..	177	3	113	28	972	507	21	..	6
Elswick	2	..	1	21	..	1	..	211	313	11	..	8	..	153	1	48	31	801	504	5	..	4
Westgate	2	..	..	..	19	..	4	..	242	194	6	..	16	..	108	..	43	27	661	478	8	..	4
Arthur's Hill	1	31	1	5	1	279	293	4	..	12	..	245	3	74	28	977	381	11	..	11
Benwell	3	..	..	..	14	2	1	1	236	356	9	..	27	..	163	2	166	26	1006	689	6	1	7
Fenham	1	..	1	24	..	5	..	211	284	7	..	17	..	243	2	65	29	889	368	2	..	3
Sandyford	17	..	2	..	130	129	7	..	7	..	130	..	39	15	476	626	7	..	3
Jesmond	1	1	..	2	20	..	8	..	100	148	6	..	7	4	167	4	17	10	495	531	4	..	3
Dene	3	..	..	1	37	1	1	..	157	120	1	..	18	..	210	4	61	16	629	291	5	..	4
Heaton	23	..	5	..	81	143	5	..	12	1	69	1	28	25	393	364	6	..	3
Byker	1	..	..	..	15	..	..	..	159	86	6	1	13	..	106	2	56	26	471	467	12	1	5
St. Lawrence	1	1	..	..	2	14	..	4	..	156	101	5	1	12	..	117	4	47	25	490	567	7	2	5
St. Anthony's	1	..	..	1	23	1	..	..	137	111	4	1	18	..	131	..	41	31	500	539	5	..	5
Walker	1	..	..	..	29	..	3	..	207	181	6	..	20	..	67	2	75	30	621	885	6	..	5
Walkergate	1	..	..	..	19	..	..	..	162	116	3	..	18	..	186	..	40	18	563	499	8	1	7
Total 1952..	1	33	5	..	10	446	10	53	3	4051	4006	120	4	310	7	2796	44	1289	494	3682	10297	153	8	107
Total 1951 ..	14	39	3	1	20	384	6	8	..	4163	270	76	6	375	78	2963	224	1131	556	..	10297	168	5	124

SPECIAL SKIN CLINIC.

(Figures in parenthesis refer to 1951).

Of total attendances 25·2 (33·22) and 69·0 (65·18) per cent. were for scabies and pediculosis respectively. The number of treatments still falls due to the increasing proportion of pediculosis cases which usually need only one treatment. Those attending comprised 81·0 (80·8) males and 19 (19·2) per cent females with an age distribution of :—

0–1 years—1 (13) or 0·13 (1·5) per cent.

1–5 years—51 (69) or 7·06 (7·9) per cent.

5–15 years—74 (83) or 10·25 (9·5) per cent.

15 years and over—596 (705) or 82·56 (81) per cent.

The 30 per cent. of cases referred by the Health Department were all pediculosis, mostly from the two common lodging houses, and this just exceeded the total, again pediculosis only, from the Salvation Army and Prudhoe Street Mission. Of the 16·1 per cent from Newcastle General Hospital most were pediculosis cases, whilst of the 15·6 per cent of cases self-referred most were scabies. Of the 7 per cent. from 50 (18) doctors, four-fifths were cases of scabies and few were children whilst most of the 24 cases from the School Health Service were of pediculosis.

Of the 42 “ other diseases ” 21 were males and included 12 cases of flea infestation. The 14 (14) cases referred from other authorities were all for scabies. There were 2 (0) cases of double infestation with scabies and pediculosis and one with pediculosis of head and body. There were no return cases.

The following tables show (a) cases dealt with and treatments given over recent years and (b) the sex and age distribution of scabies and pediculosis cases treated in 1952.

I am again glad to record once more the good work and interest of the clinic staff.

G. HAMILTON WHALLEY,

Medical Officer-in-Charge of the Special Skin Clinic.

CASES AND TREATMENTS 1943-52.

Year.	PATIENTS TREATED.				No. of Treatments.	Average No. of Treatments per Patient.
	Scabies.	Pediculosis.	Other.	Total.		
1943	4,897	163	*	5,060	11,232	2.22
1944	4,956	166	*	5,122	11,798	2.30
1945	3,820	285	*	4,105	10,105	2.46
1946	3,560	159	*	3,719	10,030	2.69
1947	2,104	168	*	2,272	7,595	3.34
1948	1,329	335	*	1,664	5,706	3.43
1949	532	382	17	931	2,722	2.92
1950	274	441	4	719	1,526	2.14
1951	289	567	14	870†	1,521	1.75
1952	182	498	42	722	1,004	1.39

*Not extracted from final diagnoses.

† Does not include 7 (4) return cases.

SEX AND AGE DISTRIBUTION.

Age Group.	SCABIES			PEDICULOSIS.						Total.
	Male.	Female.	Total.	Capitis.		Corporis.		Pubis.		
				Male.	Female.	Male.	Female.	Male.	Female.	
0-1	1 (5)	— (7)	1 (12)	— (1)	..	..	..	..	..	— (1)
1-5	8 (28)	25 (34)	33 (62)	3 (4)	5 (2)	..	1 (1)	..	..	9 (7)
5-15	14 (26)	24 (45)	38 (71)	5 (2)	6 (9)	2	2	..	..	5 (11)
15+	69 (90)	41 (54)	110 (144)	— (1)	5 (10)	459 (514)	4 (3)	5 (19)	1 (1)	474 (548)
Totals	92 (149)	90 (140)	182 (289)	8 (8)	16 (21)	461 (514)	7 (4)	5 (19)	1 (1)	498 (567)

VENEREAL DISEASES.

Of 1,894 patients who made 12,653 attendances at the Venereal Diseases Department during 1952, 946 were new patients. Seventy-five per cent. of the latter were found to be non-venereal, but this figure is altered considerably if we regard non-gonococcal urethritis as a venereal infection. This disease is very much on the increase and I am convinced that it should be classified as a venereal infection. This state of affairs is due to the widespread use of antibiotics which have modified the bacteriological picture in urethritis inasmuch as the incidence of gonococcal infection is falling whilst that of non-gonococcal urethritis is steadily rising.

Of 64 new patients found to have syphilis, 6 were found to have the inherited variety of the disease, a welcome decrease compared with 13 in the previous year.

The fact that 804 Newcastle patients suffering from syphilis are still on our register illustrates that the problem is by no means a minor one, since many of those syphilitics will be attending our department for many many years, not only for treatment but also to ensure that relapse does not occur.

Syphilis in pregnancy :—The Ante-natal Wassermann Scheme brought to our notice 21 women who might have had syphilis, but our investigations eliminated this possibility in 5 patients ; in another instance the patient was found to be non-pregnant and one woman disappeared from the district without attending the clinic (it is quite feasible that her pregnancy ended in disaster due to the disease lying dormant in her blood). To the remaining 14 must be added 26 patients who were already attending this department at the time they became aware of their pregnancies, this making a total of 40 pregnancies during the year.

Of those, 32 patients received what was deemed “adequate treatment” to safeguard the unborn child, 5 received a “reasonable amount” of treatment, one patient did not attend until practically at term, and 2 did not attend until after their confinements.

The outcome of those 40 pregnancies was as follows :—

Babies found to be syphilis-free	13
Stillbirths	3
Miscarriage	1
Babies apparently healthy, but tests not completed by the year end	13
Babies not yet born at end of the year	10

Laboratory work :—Altogether, 5,890 specimens were examined, 2,588 of them being investigated in this department.

It is gratifying to note the excellent service rendered by the Medico-social Unit personnel who made a total of 1,459 domiciliary visits in connection with the tracing of contacts and the follow-up of defaulters from treatment or surveillance.

W. V. MacFARLANE,

Medical Officer.

CHEST CLINICS.
MASS RADIOGRAPHY.

IV—TUBERCULOSIS.

CONTACT CLINICS.
CARE AND AFTER CARE.

TUBERCULOSIS.

Prior to 1952 there was only one Chest Clinic in the City serving a total population of approximately 369,458 persons, some 77,758 of whom resided in the neighbouring County areas. At the beginning of 1952, however, a second Chest Clinic was established by the Regional Hospital Board to serve the people in the west end of the City and the adjoining County areas (population 167,326), whilst the original Clinic retained responsibility for those living in the eastern half of the City and beyond (population 202,132). This change resulted in a few administrative difficulties in the initial stages but the new arrangement has already proved much more convenient for the patients.

There is a Local Health Authority Almoner and clerk attached to each clinic for care and after-care work, and domiciliary visiting is carried out by the various District Health Visitors.

It will be seen from the following tables that there has been a fall in the number of new cases of Tuberculosis notified (430 lungs and 64 other forms, as against 485 and 71 respectively in 1951), whilst the death rate for pulmonary tuberculosis has fallen from 0·377 per 1,000 population in 1951 to 0·328 in 1952. There were 95 deaths from pulmonary tuberculosis and 12 from non-pulmonary, as against 110 and 14 respectively in 1951. The number of cases on the register at the end of the year was 2,807 lungs and 457 other forms, a total of 3,264.

Notifications.—During the year, primary notifications were received as follows :—

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Total.</i>
430 (East 185)	64 (East 28)	494 (East 213)
(West 245)	(West 36)	(West 281)

There were also 79 second and 3 third notifications which appear on the register as duplicates.

Source of Notification :—

	Total.	East.	West.
General Practitioner ..	162 or 32·8%	80 or 37·56%	82 or 29·18%
Clinical Medical Staff ..	174 or 35·2%	67 or 31·45%	107 or 38·07%
Other Sources (deaths, hospitals, etc.)	158 or 32·0%	66 or 30·99%	92 or 32·75%
	494 = 100·0%	213 = 100·00%	281 = 100·00%

In addition, 44 notifications (38 lungs and 6 other forms) were received of cases previously notified elsewhere which had moved into Newcastle during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1952.

	AGE GROUPS.													Total.
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and up- wards	
Respiratory—														
Males . . . .	..	1	4	12	10	17	31	35	36	38	33	16	..	233
Females ..	..	2	5	4	12	54	34	43	17	16	8	2	..	197
Non-Respiratory														
Males	1	2	2	3	3	3	3	3	3	..	3	2	2	30
Females ..	..	3	4	3	2	7	3	6	4	1	..	1	..	34
Totals	1	8	15	22	27	81	71	87	60	55	44	21	2	494

DEATHS FROM RESPIRATORY TUBERCULOSIS.

	Deaths which occurred in these years.								
	1946	1947	1948	1949	1950	1951	1952.		
							M.	F.	Total
Persons not notified before death	10	12	18	16	22	14	12	7	19
,, notified under 1 mth.	23	27	30	17	15	9	3	2	5
,, between 1 and 3 ,,	24	23	16	26	9	5	..	3	3
,, between 3 and 6 ,,	24	24	20	15	7	5	4	..	4
Total under 6 months	81	86	84	74	53	33	19	12	31
Persons notified between—									
6 and 12 months	26	24	30	21	8	11	7	..	7
12 and 18 months ...	10	13	15	23	15	8	3	3	6
1 and 24 months ...	15	26	9	12	13	6	3	3	6
2 and 3 years	31	30	22	16	20	14	3	5	8
over 3 years	64	80	70	76	74	38	24	12	36
Totals	227	259	230	222	183	110	59	35	94

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1922.

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YEAR.	TUBERCULOSIS.											
	PULMONARY.				NON-PULMONARY.				TOTAL.			
	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.
1922	495	322	1.14	1.76	280	100	0.35	0.99	775	422	1.50	2.7
1923	544	311	1.10	1.92	289	103	0.36	1.02	833	414	1.46	2.9
1924	540	322	1.12	1.89	272	99	0.35	0.95	812	421	1.47	2.8
1925	546	343	1.20	1.91	303	101	0.35	1.06	849	444	1.55	2.9
1926	580	331	1.16	2.04	292	84	0.30	1.02	872	415	1.46	3.1
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (all forms).
(Per 1,000 population).

		Death Rate.	Attack Rate.
1949	Newcastle upon Tyne	0.83	2.08
	England and Wales	0.457	1.19
	Glasgow	1.14	2.90
	Scotland	0.67	1.99
1950	Newcastle upon Tyne	0.70	2.05
	England and Wales	0.36	1.13
	Glasgow	0.98	2.56
	Scotland	0.54	1.87
1951	Newcastle upon Tyne	0.43	1.90
	England and Wales	0.316	1.12
	Glasgow	0.74	2.35
	Scotland	0.43	1.80
1952	Newcastle upon Tyne	0.37	1.70
	* England and Wales	0.24	N.A.
	Glasgow	0.586	2.35
	* Scotland	0.32	1.69

* Provisional figures.

Work of the Almoners.

On reviewing the year's work, the chief difficulties for many patients are housing and employment. Although a number of tuberculous families have already been re-housed there are still many living in overcrowded conditions who have little hope of securing better accommodation in the near future. Furthermore, there are a number of sufferers who have no home of their own and who move from lodging to lodging, or from one tenement to another, spreading infection, and there would appear to be an urgent need for an institution or hostel in which these ambulant or semi-ambulant cases can live. Sometimes they have to be taken into hospital where they occupy beds which could be used to better advantage for the treatment of acute cases.

As regards employment, the Resettlement Officers of the Ministry of Labour have placed many patients during the year, but there is no provision in the area for sheltered or part-time work for the chronic infective patient, who is generally fit for only very light work.

The Home Help Service has been in great demand and has been much appreciated, but unfortunately the number of Helps available is not always sufficient to meet the needs, with the result that some patients do not get sufficient help.

Occupational Therapy classes have continued to be held on four afternoons weekly and have been much enjoyed by the patients. Home handwork has also been carried out by some patients, the instructors being supplied by the Red Cross Society.

Patients have been sent to convalescent homes in different parts of the country, but the shortage of convalescent homes which will take young children with the patient sometimes means that a mother with no relatives to help her is denied convalescence.

The following summarises the work done and shows the various statutory and voluntary agencies which have assisted.

ANALYSIS OF WORK.	<i>East.</i>	<i>West.</i>	<i>Total.</i>
Number of Interviews	2,186	2,260	4,446
New Patients Seen	301	408	709
Home Visits	16	127	143
Patients Assisted	608	1,004	1,612
MAIN FORMS OF ASSISTANCE ARRANGED.			
Clothing	97	160	257
Referred to Ministry of Labour for work or training	89	112	201
Housing Conditions	83	41	124
Convalescence	82	88	170
Extra Nourishment	51	69	120
Beds and Bedding	44	119	163
Nursing Comforts	39	114	153
Home Helps	36	46	82
Financial Assistance	18	12	30
Arrangements for Children	13	33	46
Fares	11	51	62

Others included home posting, compassionate leave, Red Cross Visitor, art therapy, books, lodgings, wireless, home handicrafts, meals on wheels, food parcels.

STATUTORY BODIES ASSISTING.

National Assistance Board	106	199	305
Ministry of Labour	83	103	186
Regional Hospital Board	22	44	66
Ministry of Pensions	5	14	19
Ministry of National Insurance	4	12	16

LOCAL AUTHORITY AND VOLUNTARY ORGANISATIONS.

Housing Department.	Psychiatric Social Worker.
Gosforth After-Care Committee.	Forces Aid Society.
Tuberculosis After-Care Committee.	Priest.
Day Nursery Superintendent.	Moral Welfare Worker.
Local Education Authority.	Royal Artillery Association.
Health Visitors.	Royal Naval Benevolent Trust.
Children's Department.	Tyneside Council Social Service.
Sanitary Inspectors.	Dr. Barnardo's.
Social Welfare Department.	Darby and Joan Club.
Probation Officer.	Inner Wheel.
Soldiers', Sailors' and Airmen's Families Association.	Works Welfare Fund.
Red Cross Society.	Royal Alfred Fund.
John Routledge Hunter Memorial Fund.	Shipping Federation.
Emergency Help Committee.	Regular Forces Employment Bureau.
British Legion.	Employer.
Citizens' Advice Bureau.	Rotary Club.
Invalid Loan Society.	British Council.
Women's Voluntary Services.	Poor Children's Holiday Association.
Hospital Saturday Fund.	Royal Air Force Benevolent Association.
Voluntary Society for the Blind.	

TUBERCULOSIS CONTACT CLINIC.

The special clinics for child contacts established in 1941 have continued and expanded. Two sessions have been held each week—one at the East End Health Centre in Shields Road, and one at the Newcastle General Hospital. These were primarily for children under the age of five years who lived in tuberculous households or were known to be in contact with tuberculosis. Such children were referred from the Chest Clinics and by general practitioners and were seen by appointment. Old patients continued to attend if they were tuberculin positive. If they remained tuberculin negative on reaching the age of 5 years they were referred to the Chest Clinics for further supervision.

The 538 new children fell into two main groups :—

- (a) contacts of newly diagnosed cases and
- (b) newly born infants in known tuberculous families.

They were tuberculin tested, and if they reacted positively were x-rayed and seen regularly at the clinic, and if necessary hospital admission was arranged. If they were tuberculin negative B.C.G. vaccination was offered and usually accepted. Arrangements for this were carried out at a further special clinic established for this purpose, and not until tuberculin conversion had occurred were these

children returned to the ordinary contact clinic. Vaccination was only carried out where there was separation from the notified case. This necessitated a close relationship with the Chest Clinics and Hospitals so that no opportunity was missed of vaccinating contacts while the patient was in hospital. At all stages and at every visit the family doctor was kept fully informed.

The second group, children born into tuberculous households, presented a different problem. It should be our aim to see that these infants are protected with B.C.G. before coming into contact with the infective patient. This requires ante-natal preparation for either (a) hospital delivery or (b) removal of the infector before the delivery at home. Where the mother is the case then hospital delivery followed by separation and B.C.G. vaccination is the best arrangement. It is usually possible for a relative to care for the infant until tuberculin conversion has occurred, but occasionally admission to a residential nursery must be arranged. Where the infector is another relative the position is more difficult and due consideration must be given in the ante-natal period. In the early part of the year the opportunity for B.C.G. was frequently missed, but as the year advanced, co-operation between Health Visitors, Ante-natal Clinics, and Chest Clinics became closer and it was possible to make suitable arrangements in nearly all cases.

The second group children seen at the Contact Clinics were those under the age of 5 years already found to be infected with primary tuberculosis. These were referred by doctors, child welfare clinics, and the hospitals for supervision. X-ray facilities were provided at the General Hospital and Walker Gate Hospital.

1952 was a year of change for this clinic. Clerical staffing was adequate for the first time, and a closer contact was established between the Clinic, the two Chest Clinics and the Child Welfare Department, and it was possible to offer B.C.G. vaccination to more and more children. This trend has continued and accelerated during 1953 and it is intended to present a detailed report for that year.

	Previous B.C.G.	Tuberculin positive	Tuberculin negative
New Cases 1952 = 538	43	104	391
Total attendances— New and old = 2,245			

MASS RADIOGRAPHY.

Dr. W. H. Dickinson, who was Medical Director of the Mass Radiography Unit from its introduction in 1944, resigned his appointment at the end of 1951, and I must here place on record my thanks and appreciation for all the valuable work he has done for the health of the City, not only at the Mass Radiography Unit, but also as one of the pioneers in the fight against Tuberculosis in the City. He has been associated with the Public Health Department since 1913 when he took up the appointment of Tuberculosis Medical Officer. He continued in this capacity until 1925, when he relinquished his full-time appointment and became a part-time consultant. He was replaced in 1925 by Dr. Geo. Hurrell, and now, in 1952, he is again followed by Dr. Hurrell as part-time Medical Director of the Mass Radiography Unit. Dr. Hurrell is also Chest Physician at the West End Chest Clinic, and I am indebted to him for the following report on the work of the Mass Radiography Unit. It must be remembered that the Unit's activities are not confined to the City alone and the figures quoted below are therefore not entirely related to Newcastle residents.

24,658 men and 17,791 women were X-rayed—a total of 42,449, compared with 42,177 in 1951.

The greater part of the year was spent at the unit headquarters at the Newcastle General Hospital. The only visit outside the City was to St. Nicholas Hospital, Gosforth, and in the city visits were paid to two factories and to King's College.

937 examinees were referred to a Chest Clinic for further investigation and of these 244 were diagnosed as having active pulmonary tuberculosis (the largest number in the history of the Unit), compared with 173 in 1951. 159 were Newcastle residents. In addition, 141 patients are still under observation at Chest Clinics and no information has been received about 172.

Patients sent by General Practitioners and "contacts" sent by Chest Clinics account for 161 of the new cases discovered. Attendance at these special sessions, which continue to produce by far the largest number of new cases, is still increasing and has risen from 754 in 1944 to 8,733 in 1952.

138 cardiac abnormalities were diagnosed, 30 cases of bronchiectasis, 27 of pneumoconiosis, 23 of bronchial carcinoma and 270 of inactive post primary pulmonary tuberculosis.

Details of the main groups examined are given in the following table :—

	<i>Number X-rayed.</i>	<i>Referred to a Chest Clinic for investigation.</i>	<i>Confirmed active tuberculosis.</i>
Special investigations—			
Doctors' patients'	6,959	516	138 or 2%
Maternity cases	1,467	19	5 or 0·3%
Chest Clinic patients	1,774	84	23 or 1·3%
National Service recruits	8,794	92	17 or 0·2%
Schools—children	4,137	28	6 or 0·15%
staff	62	1	0
General Public sessions	4,548	68	19 or 0·4%
Surveys	13,673	129	36 or 0·3%

REPORT OF THE
CHIEF SANITARY INSPECTOR

**V—FOOD AND DRUGS,
NUISANCES, HOUSING,
FACTORIES, Etc.**

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1952.

I have pleasure in submitting the following report upon the work carried out in my section of the Department. It is of more than passing interest to record that since the war years the "health consciousness" of the public is noted to be steadily expanding. This very encouraging and helpful position is clearly denoted this year not only by the increased number of demands by the public upon the services of their health department for practical aid but also in the widening range of subjects upon which advice was sought. This situation in turn brought additional responsibilities which were added to by the advent of new legislation, and altogether the knowledge, skill and technique of the Inspectorial Staff must advance and indeed did forge ahead and not only met but fully satisfied the increased demand. In the sphere of housing much inspectorial time was again necessarily spent in increasing the efforts to prevent any worsening of the bad conditions which are so prevalent amidst the old and worn out houses in the City. The results of these efforts, under the circumstances, were not anticipated to bring any lasting or material improvements but rather the aim secured was to ensure more tolerable housing conditions for the occupiers. Of this type of house, now overripe for condemnation, all and others are listed, and early next year a comprehensive programme of Slum Clearance is to be submitted.

In the matter of works of maintenance and repairs, the combination of high costs of this essential work and the control of rentals of dwelling-houses is without doubt the root cause in the instances of a considerable number of owners who have no financial resources, of their neglecting it or reducing it far far below any safe line. With many of them the disposal of their properties on "giving away" terms would indeed be a welcome relief. The effect of this combination is that it has caused many dwellinghouses, which with reasonable maintenance during the preceding years would have had some years of useful life ahead of them, to be now included in the Slum Clearance Programme.

Condemned Dwellinghouses.

At the beginning of the year 977 families awaited rehousing from houses of which by far the great majority were condemned 13-14 years ago. During the year these numbers were added to by the Health Committee who had no option but to condemn 12 dwellinghouses which were in a deplorable structural state. The families living in them numbered 32 and thus the total number of families to be rehoused

was increased to 1,009. During the year the Housing Department rehoused 58 only of all of these families and at the end of the year, 951 families awaited their new houses.

In every respect the worst housing conditions in the City prevail in these condemned houses and the need for an immediate and material acceleration of the rate of rehousing and clearance away of the houses is a matter of the utmost urgency. In one large area of these condemned houses "Squatters" taking possession of empty rooms in partially occupied houses, irrespective of their shocking structural state, have caused the conditions to become much worse and in addition much trouble to all concerned follows their entry. Appropriate action was taken in each of these instances when, following a survey to find out the extent of these illegal possessions, 12 families, with a population of 59 were found occupying 17 rooms.

New Legislation.

The Pet Animals Act, 1951 came into operation on the 1st April. Its effect is to regulate the conditions in which animals are kept for sale and causes the sales premises to be licensed. Primarily it deals with the health of the pets and requires sanitary conditions for them. The definition of an animal under the Act is very wide as an animal includes any description of vertebrate. Generally the animals dealt with in the City are Tropical and Cold Water fish (Goldfish), Tortoises, Rabbits, Dogs, Puppies, Chicks, Pigeons, Doves, Budgerigars and the like. Pedigree animals are excluded from the Act.

An immediate beneficial outcome of this Act is to render illegal the indiscriminate selling of dogs, puppies, pigeons, etc., which was common on the streets, and particularly so in and around the Green and Vegetable and Fish Markets. The sale of pets under these conditions formerly flourished for a considerable number of years in a few parts of the City and from a health and humane point of view, it was most undesirable.

Clean Food.

The policy of direct contact with all those engaged in the handling, storage, preparation and sale of foodstuffs for human consumption has been continued. Addresses, lectures and advice suitable to the type of person and the trade concerned have been given, and in particular the "barrow boys" came under special attention. Altogether much progress in this clean handling of food may be recorded, but there remains much to be done. In many ways the public could be of

great material assistance in this matter by direct action themselves. Where cause for complaint was found, the matter should be immediately taken up with the person in charge of the premises, then a follow-up could be made by notification to the Health Department. "Direct action" however in this matter is found to be a strong point unfortunately with but just a few.

The Markets.

A three stage improvement plan commenced in 1951. The first stage dealt with the reorganisation of the collection and disposal of refuse from all the shops and stalls in the Grainger Market and Arcade, the Green and Vegetable Market and the Fish Market, and was carried into operation during the 1st year. The second stage, that of equipping the shops and stalls in the Grainger Market and Arcade with washing facilities in the form of glazed stoneware sinks, etc., equipped with constant hot and cold water supplies was effected during 1952.

The third stage, that of improvement to the existing and the provision of additional sanitary accommodation, together with other structural improvements, are as yet to be done. In the meantime the improvements effected have been very much appreciated by the occupiers of the shops and stalls and have enabled them to effectively maintain a good standard of hygiene.

The Temperance Festival.

For a period of three weeks, in June of each year, a temporary town springs up on the Town Moor. As in former years it started with a few showmen and their caravans, it reached its peak at the end of the first week, and finally it was cleared off by the end of the third week. This year the resident showmen population was 1,335 who apart from their other vehicles occupied 471 living caravans. Throughout the period of occupation the public were attracted to the fairground in numbers of many thousands. The Health provisions in force for the well-being of this community and the visiting public have been under review, and as a result a report was submitted in October as to improvements in the water supply, drainage points, sanitary accommodation, siting of and arrangements of food premises, etc. This report was also submitted to the Town Moor and Parks Committee and the whole matter is now under consideration.

Food Supply—Sampling.

The samples of foodstuffs submitted to the Public Analyst for analysis were found to be unadulterated and wholesome. Deficiencies

in the constituents of a few of the samples were, however, found and were in respect of deficient fat in milk—less than the prescribed amount of meat in sausages—fat below the legal minimum quantity in Ice Cream, and an excess of water in Butter.

Household Drugs.

All the drugs commonly used in households were sampled and in no instance were any samples found by the Public Analyst to be other than genuine.

Milk Supply—Bacteriologist.

The keeping quality of the unprocessed milk was inferior to that of the previous year. Of the samples of this milk sent for examination 24·36 per cent. failed the Methylene Blue Test. Last year the percentage was 15·63. As to the processed (Heat treated) samples, the quality was better, as 0·53 per cent. only failed the Phosphatase Test, as against the 0·82 per cent. of 1951.

Processing of Milk.

The Newcastle and District Dairies Ltd.'s new premises came into operation during January. They are equipped with the latest type of machinery and apparatus capable of dealing with 100,000 gallons of milk weekly. Forethought has been exercised by the firm when designing the premises so as to afford a 100 per cent. expansion of gallonage. The advent of this venture by the local dairymen has enabled the hygienic arrangements as to the milk distribution in the City to be lifted to a much higher plane. Formerly bulk milk was broken down and bottled in a considerable number of small dairies. Today these former dairies have now become milk stores and all supplies are drawn in bottles from the new dairy to whom all empties are returned for cleansing, etc. Comment was made in last year's report that when the new dairy began operations the resources in the City (4 large firms) for processing milk, would be ample to satisfy all of the demand inside and partly outside the City and that an appointed area (including the City) would be made by the Minister of Food. This anticipation was not realised but, without a doubt, an "Appointed Area" will be made during 1953. On such an area being declared, then as and from the date when the provisions come into force, it will be illegal to sell for human consumption any other than a T.T. Accredited, or a processed (heat treated) milk. Undesignated or ordinary milk will then not be permitted a retail final sale. At present

the final retail sale of milk is reasonably estimated at 9 per cent. T.T., 1.0 per cent. Accredited, 25 per cent. Undesignated and 65 per cent. processed.

Ice Cream.

Annually the sale of ice cream expands and to meet this expansion 69 new premises after inspection were registered during the year. Mostly they are the small type of shop and the ice cream sold is as pre-packed by the Manufacturer. Opinions may differ as to the merits and demerits of a pre-packed ice cream as against the open ice cream but from a registration point of view, many of the shops now registered would not be considered suitable for the sale of an open or unwrapped ice cream.

The total number of registered premises is 668. Of these 597 vend a pre-packed ice cream, 39 retail open ice cream and 32 deal in both types.

ICE CREAM PREMISES.

Type	Sale of		Open and Pre-Packed
	Open	Pre-Packed	
Manufacturer only (Wholesale)	..	7	..
Manufacturer (Wholesale and Retail).....	3	..	10
Vendors (Shops, all Types) ..	36	590	22
Totals	39	597	32

FOOD AND DRUGS ACT, 1938.

Total Samples.

The samples of all foodstuffs submitted to the Public Analyst comprised 596 formal and 438 informal, a total of 1,034, this total being 406 less than the previous year. Efficiency of control has not been impaired by any means in this reduced number, but instead, economy has been made possible by the disappearance of the many former small dairies from where samples of milk were regularly taken.

The number of samples taken equals a sampling rate of 3·56 per 1,000 population and is above the rate recommended by the Ministry of Agriculture and Fisheries of 3 per 1,000 population.

Informal Samples.

The number of this type of sample is also reduced and for the same reason as set out in the previous paragraph. Whilst formal samples must be taken of any article found not genuine when sampled informally, if legal proceedings are contemplated, this type of sampling does afford a most useful guide as to the quality of articles on sale for human consumption.

The total number of these samples was 438. Last year's number was 948. Of the 438 samples, 159 were of milk as against the previous year's 503.

Samples not Genuine.

The non-genuine samples found by the Public Analyst numbered 8 or 0·77 per cent. of the total samples. The preceding year's total was 23 = 1·60 per cent. Six milk samples were deficient in fat, one ice cream (insufficient in fat content) and one of butter with more than the prescribed amount of water. This latter sample was of imported butter and used in the blending with other butter. In addition to the foregoing deficient samples, two others of sausage were found to have less than the prescribed amount of meat content. These samples were not taken under the Food and Drugs Act and thus the details of the deficiencies were submitted to the Food Control Committee for action as contraventions of a Food Standard Order.

OFFENCES OTHER THAN ADULTERATION.

Extraneous Articles in Food.

No extraneous articles were found in any of the samples of food-stuffs submitted to the Public Analyst. There is however, without a doubt, much found in the food purchased by the Public who do not make any official complaint. In the instances set out below complaint was made to the Department in each case and the article, or part of, produced. In each instance the matter was thoroughly investigated and a report thereon submitted to the Health Committee whose action is recorded.

FOOD AND DRUGS ACT, 1938.

Samples taken for Analysis during the Year 1952.

ARTICLE.	No. of Samples obtained.			Result of Analysis.		ACTION TAKEN.
	Formal.	Informal.	Total.	Genuine.	Non-Genuine.	
Milk	535	159	694	688	6	Caution letters.
Condensed Milk	3	3	3	..	
Dried Milk	1	1	1	..	
Bacon	6	6	6	..	
Butter	1	7	8	7	1	Excess water 4.04 per cent. Letter to Min. of Health
Cheese	4	4	4	..	
Cocoa	1	1	1	..	
Coffee & Coffee Essences	2	2	2	..	
Cooking Fat & Lard	7	7	7	..	
Margarine	6	6	6	..	
Sugar	6	6	6	..	
Tea	9	9	9	..	
Barley & Barley Crystals	2	2	2	..	
Beans	2	2	2	..	
Biscuits	5	5	5	..	
Blancmange Powder	1	1	1	..	
Bread	1	1	1	..	
Cinnamon (Ground)	2	2	2	..	
Chicken in Jelly	1	1	2	2	..	
Cherries (Glaze)	1	1	1	..	
Cloves (Ground)	1	1	1	..	
Cream & Synthetic Cream	2	2	2	..	
Currants	2	2	2	..	
Curry Powder	2	2	2	..	
Custard Powder	2	2	2	..	
Dates	1	1	1	..	
Desiccated Coconut	4	4	4	..	
Essences	7	7	7	..	
Farinoca	1	1	1	..	
Fish Cakes	4	..	4	4	..	
Fish (Tinned)	4	4	4	..	
Flour and Self Raising Flour	2	2	2	..	
Gelatin	3	3	3	..	
Ginger (Ground)	3	3	3	..	
Gravy Powder	4	4	4	..	
Ice Cream	29	15	44	43	1	Deficient in fat 10 per cent. Caution letter.
Jams and Marmalade	9	9	9	..	
Ketchup	1	1	1	..	
Lemonade Crystals	1	1	1	..	
Lemon Curd	1	1	1	..	
Lemon Peel	2	2	2	..	
Lentils	1	1	1	..	
Lucozade	1	1	1	..	
Macaroni	1	1	1	..	
Meat Pie	1	1	1	..	
Meat (Tinned)	1	1	1	..	
Meringue Powder	1	1	1	..	
Mince-meat	1	1	1	..	
Mint and Vinegar	3	3	3	..	
Mustard	3	3	3	..	
Non-Brewed Condiment	1	1	1	..	
Nut Meg (Ground)	1	1	1	..	
Oatmeal	1	1	1	..	
Orange Drinks	3	..	3	3	..	
Pastes	5	5	5	..	
Peas and Split Peas	2	2	2	..	
Pepper and Pepper Compound	4	4	4	..	
Potato Crisps	1	1	1	..	
Raisins and Sultanias	2	2	2	..	
Rice and Ground Rice	3	3	3	..	
Sage	3	3	3	..	
Sage and Onion Stuffing	1	1	1	..	
Sago	1	1	1	..	
Salad Cream and Sandwich Spread	3	3	3	..	
Salt	1	1	1	..	
Semolina	3	3	3	..	
Sauces and Chutney	9	9	9	..	
Sausages	13	..	13	13	..	
Sherbet	2	2	2	..	
Soft Drink Powder	1	1	1	..	
Soups and Soup Powders	4	4	4	..	
Spaghetti	1	1	1	..	
Suet (Shredded)	1	..	1	1	..	
Sweets and Toffee	6	6	6	..	
Tapioca	3	3	3	..	
Tablet Jellies	4	4	4	..	
Tea Tablets	1	1	1	..	
Tinned Fruit	4	4	4	..	
Tinned Vegetables	1	1	1	..	
Veal (Jellied)	1	1	1	..	
Vinegar	2	2	2	..	
Beer	1	1	1	..	
Stout	1	1	1	..	
Wines	6	..	6	6	..	
Wyness and Gingeress	2	2	2	..	
Ginger Beer	1	1	1	..	
Whisky	1	..	1	1	..	
Rum	1	1	2	2	..	
Brandy	1	1	1	..	
Gin	1	..	1	1	..	
<i>Household Drugs—</i>						
Almond Oil	1	1	1	..	
Aspirin Tablets	2	2	2	..	
Bicarbonate of Soda	1	1	1	..	
Blackcurrant Cough Mixture	1	1	1	..	
Boric Acid Crystals	2	2	2	..	
Boric Ointment	2	2	2	..	
Camphorated Oil	2	2	2	..	
Cascara Sagrada	2	2	2	..	
Castor Oil	4	4	4	..	
Cherry Cough Linctus	2	2	2	..	
Chile Ointment	1	1	1	..	
Cod Liver Oil	1	1	1	..	
Composition Essence	1	1	1	..	
Cream of Tartar	1	1	1	..	
Epsom Salts	3	3	3	..	
Eucalyptus Oil	1	1	1	..	
Flowers of Sulphur	1	1	1	..	
Friars Balsam	2	2	2	..	
Glaubers Salts	1	1	1	..	
Glycerine	1	1	1	..	
Gregory Powder	2	2	2	..	
Iodine	3	3	3	..	
Light Magnesium Carbonate	1	1	1	..	
Liquorice and Linseed Mixture	1	1	1	..	
Liquorice Powder	2	2	2	..	
Liquid Paraffin	1	1	1	..	
Paregoric	1	1	1	..	
Saltpetre	1	1	1	..	
Sal Volatile	1	1	1	..	
Sulphur Ointment	2	2	2	..	
Syrup of Figs	2	2	2	..	
Vaseline	1	1	1	..	
Zinc Ointment	2	2	2	..	
Zinc and Castor Oil Ointment	1	1	1	..	
Raspberry Vinegar	1	1	1	..	
	596	438	1034	1026	8	

Article.	Extraneous Article.	Action by Committee.
Christmas Cake	Percussion cap (exploded) of foreign made cartridge ...	Caution
Bottle of Milk	Mould	„
Bottles of Milk (2)	Dirt	„
Bottle of Grape Fruit Squash	Dirt	„
Walnut Cake	Drawing Pin	„
Loaf of Bread	Wire Nail	„
Loaf of Bread	Sack Fibre	„
Meat Pie.....	Dead fly and strand of human hair	„
Puffed Wheat	Pieces of glass	„

MILK BACTERIOLOGICAL EXAMINATION.

Methylene Blue Test.

The keeping quality of the milk supplied to the City, as revealed by the Bacteriologist's reports on the samples submitted to him, is far from satisfactory. 780 samples of raw milk and 393 of processed milk (total 1,173) were submitted to him for testing. Of the raw milks 24·36 per cent. failed the test and of the processed milk 0·53 per cent. failed. During the years 1,949, 1950 and 1951 the percentage of raw milk failing the test was 25·18, 18·73 and 15·63 respectively. Percentage failures of processed milk during the period was 3·71, 2·86 and 1·82. By far, the great majority of the raw milk samples are taken from milk as it arrives at dairy premises within the City and the results of the year's examination show that a backward trend of 8·73 per cent. took place in the raw milks and an improvement of 1·29 per cent. in the processed milk. It is obvious from these results that there is much room for improvement to be effected in the methods of production and distribution of the milk before it arrives in the City.

Designation.	No. taken.	Satisfactory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	146	116	30	20.54
T.T.	271	226	45	16.60
Accredited	38	30	8	21.00
Undesignated	325	217	108	33.23
Total.....	780	589	191	24.36
T.T. (Past.)	177	177	—	—
Pasteurised.....	216	214	2	0.92
Total.....	393	391	2	0.53

5 Methylene Blue Tests were declared void and are not included in the above summary.

TURBIDITY TEST.

Designation.	No. taken.	Satisfactory.	%
Sterilised.....	27	27	100
Total	27	27	100

Phosphatase Test.

395 samples of processed milk (178 processed in the City and 217 outside) have been submitted to this test to ascertain whether heat treatment of the milk had been carried out efficiently or otherwise. In 6 instances the samples failed the test. During the three previous years all of the samples satisfied the test. In the instances of the locally processed milk immediate action was taken by check samples which satisfied the test and details of all the failures were reported to the Ministry also to the Local Authorities concerned.

PHOSPHATASE TEST.

Designation.	No. Taken.	Satisfactory.	%
T.T. (Past.)	178	176	98.88
Pasteurised.....	217	213	98.16
Total	395	389	98.48

5 tests were declared void and are not included in above summary.

Milk Samples.

Very careful control is exercised over the Milk Supply to the City and the policy of taking the great majority of samples from the supply before it is dealt with by the dairymen and distributors has been again carried out. During the year 694 samples (67·11 per cent. of the total samples) were submitted to the Public Analyst and of these, six (0·86 per cent.) were certified to be below the standard set out in the Sale of Milk Regulations, 1939, which lays down non-fatty solids 8·50 per cent. and milk fat of 3·00 per cent. Any sample falling below this standard is deemed to be “not genuine.” One of the samples was deficient in non fatty solids to the extent of 2·70 per cent. and the other five in milk fat. These latter deficiencies ranged from 13·30 per cent. to 5·30 per cent. Three of the six samples were locally produced raw milk and three were processed (heat treated) milk. “Appeal to Cow” samples were taken from the cows of one of the local producers, and in this instance, the cows were found to be secreting milk with less than the amount of fat laid down in the order.

TUBERCULOUS MILK.

380 samples were submitted to the Bacteriologist who subsequently reported three “positive.” In each instance the appropriate action was taken in the matter. These samples were of milk produced on two farms in the County of Northumberland and one in the city. The table following sets out the grades of milk sampled and the results of the examinations.

Designation.	No. Taken.	Negative.	Positive.	Percentage. Positive
T.T. (Pasteurised) ...	18	18	—	—
T.T. (Farm Bottled) .	22	22	—	—
T.T.	95	95	—	—
Accredited	15	15	—	—
Undesignated	210	207	3	1·43
Pasteurised.....	16	16	—	—
Sterilised.....	4	4	—	—
Total	380	377	3	0·76

THE MILK AND DAIRIES REGULATIONS, 1949 SECTION 8 AND THE FOOD AND DRUGS ACT, 1938, SECTION 22.

All of the milk premises are systematically inspected and apart from the detection of minor offences the condition of the premises were found to be satisfactory. During the year 84 applications were received for registration as retail purveyors of milk and after inspection of the premises all were granted.'

The total number of premises registered to deal in milk is 599. Apart from the large Dairies, no open milk is sold from the other registered premises.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949.

838 licences to deal in designated milks were granted during the year.

THE PUBLIC HEALTH ACT (CONDENSED MILK) REGULATIONS, 1923, 1927.

Three samples of condensed milk were procured, all being certified genuine and in full compliance with the regulations.

Artificial Cream.

The sale of cream for human consumption is still prohibited under a Civil Defence Regulation. As artificial cream may only lawfully be made from the constituents of cream, none is on sale and other than keeping a watchful eye as to whether artificial cream was being sold or otherwise, no further action was taken. Premises on the register for the sale of this commodity number 2.

Ice Cream.

170 samples of this popular and nutritious foodstuff were submitted to the Public Analyst to ascertain the fat content. This particular constituent averaged 8.30 per cent. in the samples and is well above the legal minimal of 5 per cent. Last year the average fat content was 0.20 per cent. less. As to the quality of this foodstuff the results of the examination by the Bacteriologist shows an improvement. 72.44 per cent. of the samples were graded satisfactory as against 68.30 per cent. in 1951. Whilst 100 per cent. "grade satisfactory" is the target set up and the constant aim of the local manufacturers, it was found that the human element erred, and of the unsatisfactory samples detected, none were deemed to be unwholesome. When an unsatisfactory sample of locally produced ice cream is found and is followed by another such sample, then, from check points throughout the stages of production, samples of the ice cream are taken so as to find the cause of the unsatisfactory grading. As to the outside unsatisfactory samples, report is made to the producer and to the local authority concerned.

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
1	1	—	4 and 5 per cent.
6	5	1	5 and 6 ,,
5	5	—	6 and 7 ,,
8	4	4	7 and 8 ,,
7	4	3	8 and 9 ,,
7	2	5	9 and 10 ,,
3	—	3	10 and 11 ,,
2	1	1	11 and 12 ,,
4	—	4	over 12 ,,
43	22	21	Average Fat Content 8·3%

BACTERIOLOGIST.

Provi- sional Grade	Manufactured in City		Manufactured Outside City		TOTAL	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	38	55·07	32	55·17	70	55·12 } 72·44
2	12	17·40	10	17·24	22	17·32 } Satisfac- tory.
3	10	14·50	8	13·79	18	14·17 } 27·56
4	9	13·03	8	13·79	17	13·3 } Unsatis- factory.
	69		58		127	100

Butter and Margarine Warehouses.

The number of premises registered remains the same as last year viz. 2 Butter Factories and 3 Margarine Warehouses. Inspections of these premises were made on 51 occasions when conditions were found satisfactory.

14 samples of butter and margarine were submitted to the Public Analyst of which 13 were genuine. As to the deficient sample it was of imported butter and found to contain water to the extent of 4·04 per cent. above the Legal Limit of 16 per cent. The sample was from bulk butter and the deficiency reported to the Ministry of Food. Subsequently further samples of imported butter supplied to the firm were taken on the request of the Ministry and all were found genuine.

At the time of the taking of the samples, containers, wrappers etc. used in the packaging of these foodstuffs were examined and all were found to be in compliance with the Act.

Preservatives in Food.

Of the samples submitted to the Public Analyst none were found to contain preservatives.

Bakehouses.

Registered bakehouses total 152, and of these 4 are Certified Basement Bakehouses. This type of Bakehouse is certified as suitable for "baking purposes" for periods of 5 years and next year recertification becomes due. The 4 premises have now outlived their suitability as Bakehouses and it is proposed, on report to the Committee, that certificates be not issued. During the inspections of these premises, apart from the Basement Bakehouses, minor offences were detected in some of them otherwise satisfactory conditions prevailed.

No. of Factory Bakehouses Mechanical)	101
(Non-mechanical)	47
No. of Basement Bakehouses (Mechanical)	3
(Non-Mechanical)	1
Total	<u>152</u>

Restaurant Kitchens, etc.

A very considerable number of meals are now prepared daily in the kitchens of this type of food premises. Improvements involving the spending of much money have again been carried out and generally the conditions throughout are satisfactory. One of the difficulties however which is not readily overcome is that of the "too small kitchen" where output is in excess of the reasonable capacity of the kitchen. Maintenance of real cleanliness in these cramped workrooms is a matter that is not easily overcome and regulations governing the area of a kitchen in relation to the area or seating accommodation of a dining room would be more than a useful power to have. Throughout the year the co-operation with the management and staffs of these premises in the clean handling of food has been willingly and closely maintained and proved indeed a valuable working arrangement. This has ensured in a large measure the satisfactory conditions found during the 1747 visits of inspection.

Changes occurred in the number of premises as follows, Restaurants and Snack Bars decreased by 5, Hotel Kitchens by 1, Canteens however increased by 12. Number and types at the end of the year are :—

Hotel Kitchens	47
Cafes and Restaurants.....	104
Snack Bars	34
Refreshment Rooms	2
Canteens	78
Coffee Stalls	1
	<hr/>
Total	266
	<hr/>

Fried Fish Shops.

The sale of “ Fish and Chips ” is carried out on 138 registered premises. Catering is for consumption off the premises in most instances and midday and evening meals are provided. Patrons are not confined to any one class of the community by any means but generally the majority of these premises are situated in the working class areas and the new Council Estates. All are well or reasonably well appointed for the trade and inspections by day and by evening totalling 555 were made, when no cause for major complaint was found.

WATER SUPPLY.

The supply of water is furnished to the City by the Newcastle and Gateshead Water Company who also supply other areas on Tyneside. The main supply is pure upland surface water obtained from large catchment areas at Catcleugh (close to the Cheviots) and in lower Northumberland. Secondary water is from the River Tyne at Barrasford and Wylam. Reservoirs are situated at Catcleugh, Colt Crag, Hallington, Simonburn and Whittle Dene. Filtering and Chlorinating stations are situated at Whittle Dene and Throckley, 11 and 5 miles respectively west of the City.

From these stations the domestic water supply is piped into the City, whilst the great riverside works are catered for by a separate trade main. The great majority of our 84,886 dwellinghouses possess an adequate internal water supply. In 551 of them (population approximately 2,000), the supply is by standpipes in the back yard, whilst in 3,039 others, supplies are available to the ground floor holdings from back yard standpipes, with internal supplies to the other floors. The water supply has been satisfactory in quality and quantity and is not

liable to have plumbo-solvent action. In a colony of 10 houses situate in a rural outskirts of the City all water is supplied from wells and from each one the water is subjected to periodic sampling. Arrangements have now been made to bring the town mains supply of water to these houses and it is hoped to have the work completed within the ensuing 12 months.

Bacteriological Examination.

The domestic supply is sampled each week from supply taps on premises within the City, at Throckley Water Works and also from two other control stations outside of and west of the City.

Throughout the year 382 samples have been taken of which 2 were found to be unsatisfactory, with 3 others suspicious. In each of these 5 instances, immediate action was taken by the Supplying Company and the matters rectified.

Chemical Analysis.

4 samples were taken monthly from the domestic supply and from different points within the City. In each sample the Public Analyst certified that the water was of satisfactory organic purity, its microscopical characteristics good, it was clear and bright and suitable for public supply.

Public Baths.

"Break Point" chlorination of the plunge bath waters is carried out and samples regularly taken and submitted to the Bacteriologist for examination. As an additional measure the water is tested each week with the "chloroscope" by the Inspectorial Staff so as to ascertain its sterility or otherwise and its pH value. Throughout the year all samples were satisfactory, the average pH value being 7.4.

NUISANCES.

The number and type of nuisances dealt with each year is, as a rule, fairly constant. On occasions however something crops up which calls for comment and last year a serious nuisance arose from the deposit of a fine grey dust on the west end which covered an area of approximately one sixth of the City. This nuisance, in a lesser degree, has again been troublesome from time to time throughout the year. Its origin was traced soon after detection of the deposit to be from very large premises outside of the City. Contact was made with the offending firm and discussion took place between the Health

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS.
Complaints from Health Department	504	1542	733	435	845	579	583	495	678	690	595	964	8643
Complaints on District	62	61	47	40	63	39	72	71	53	61	40	59	668
Nuisances found on District	19	16	25	20	20	13	29	9	24	29	11	11	226
Inspections of Dwelling Houses—													
Under P.H. Acts	563	1608	714	447	769	577	642	548	676	730	594	963	8831
Housing Act (Sect. 9) and Consol. Regs. ....	..	..	..	..	..	..	..	..	..	..	..	..	..
Housing (Slum Clearance)	26	..	..	157	7	510	63	..	5	295	..	11	1074
Housing Applications	75	104	69	40	83	41	88	78	85	87	83	52	885
Housing Overcrowding.....	19	8	22	7	14	4	2	5	9	8	5	2	105
Tenement Holdings	162	138	177	86	112	35	96	62	128	149	82	109	1336
Tenement Yards, Courts, etc.	67	41	71	33	59	15	34	11	52	87	41	44	555
Tenement, as to Limewashing .....	..	..	..	3	..	..	..	..	1	..	..	..	4
Houses let in Lodgings.....	3	4	..	3	3	1	2	..	..	1	..	12	29
Houses let in Furnished Rooms .....	..	..	173	..	..	..	..	..	..	..	..	..	173
Revisits <i>re</i> Works Ordered	2102	1481	1743	2098	1593	975	1146	1403	1541	1862	1205	1527	18676
Supervision of Work in Progress	255	169	226	218	207	356	826	123	140	195	663	115	3493
Inspections of Drainage Work	87	95	53	33	39	39	36	56	48	71	33	18	608
Miscellaneous Visits	408	492	505	373	578	438	439	345	469	499	560	558	5664
Inspections of Other Premises—													
Offices (Sect. 92, P.H.A. '36)	18	20	28	28	35	16	23	4	25	50	13	22	282
Shops (Sect. 38 Shops Act)	40	47	44	116	105	38	91	49	86	89	29	31	765
Hairdressers' Premises	3	5	7	4	7	4	4	2	3	2	4	4	49
Hotels, Inns, Public Houses	88	79	97	102	113	50	85	53	81	79	93	79	999
Cinemas, Theatres, Halls, etc.	49	53	61	46	74	32	66	31	72	59	50	59	652
Stables, Manure Pits, etc.	4	8	16	5	7	8	11	8	6	12	6	7	98
Piggeries	7	10	9	2	10	5	13	4	4	10	13	1	88
Yards, Accumulations, etc.	8	20	11	95	27	9	27	9	28	13	23	7	277
Public Conveniences	39	36	39	36	44	39	27	31	32	33	32	31	419
Tents, Vans, Sheds, etc.....	1	..	..	5	..	459	..	..	12	3	..	3	483
Ditches, Streams .....	..	..	..	..	..	..	1	1	..	..	..	..	2
Schools (Sanitation)	3	5	3	5	6	..	3	..	3	2	3	1	34
Smoke Observations ($\frac{1}{2}$ hour)	66	72	93	55	48	29	30	19	17	37	38	39	543
Visits to Boiler Plant	9	14	26	16	9	6	6	6	3	6	10	11	122
Inspections of Drainage Work	33	16	17	17	15	26	38	32	5	7	1	2	209
Re-visits, <i>re</i> Works Ordered	47	55	30	35	24	29	27	41	11	36	19	6	360
Miscellaneous Visits	58	44	38	159	146	123	77	96	104	103	93	52	1093
Inspections of Food Premises—													
Cowsheds .....	..	2	5	2	4	7	9	..	3	6	3	3	44
Dairies (Bottling/Filling)	19	14	16	13	12	16	23	11	23	14	10	8	179
Milkshops (Retail).....	121	87	110	97	81	56	148	103	62	111	79	71	1126
Ice Cream Manufactories	9	7	12	4	18	9	15	8	18	8	11	13	132
Ice Cream Retail Premises and Applications..	99	93	114	121	124	81	134	96	108	93	91	80	1234
Ice Cream Vehicles .....	..	..	5	1	13	129	9	6	3	..	2	..	168
Margarine Warehouses	5	4	6	4	7	..	3	1	8	2	1	3	44
Butter Factories	1	..	..	1	..	..	..	..	..	1	4	..	7
Meat Retailers	48	91	51	80	213	57	122	82	50	45	59	35	933
Fishmongers/Poulterers	28	14	22	27	32	24	42	27	24	40	35	23	338
Grocers	76	65	62	54	63	45	75	47	56	70	47	35	695
Fruiterers/Greengrocers	50	77	59	89	67	47	88	75	52	61	77	37	779
General Dealers	187	167	211	206	213	141	325	253	174	227	196	140	2440
Food Manufactories (Sect. 14)	15	8	12	6	25	13	31	15	21	13	3	4	166
Catering Establishments	33	29	29	37	38	224	43	15	42	26	36	24	576
Bakehouses (Mechanical)	23	18	25	17	7	8	13	19	10	11	10	9	170
Bakehouses (Non-Mechanical)	10	13	16	8	6	8	13	9	19	12	6	4	124
Bakehouses (Domestic)	6	7	2	2	8	6	6	2	..	5	7	1	52
Fried Fish Shops (Day)	36	36	43	32	67	40	45	30	20	38	37	25	449
Fried Fish Shops (Night) .....	..	2	1	..	..	98	..	1	1	1	..	2	106
Inspections of Drainage Work .....	..	..	1	9	7	13	16	..	15	8	4	..	73
Supervision of Work in Progress	32	37	32	19	3	12	26	9	2	1	13	4	190
Miscellaneous Visits	12	22	12	15	27	779	28	21	24	27	22	9	998
Offensive Trades—Blood or Soap Boiler													
Fat Extractor, Bone Boiler, Gut-Scraper ...	..	1	2	..	..	4	4	2	1	..	..	2	16
Glue and Size-Maker ; Tripe Preparer	4	4	2	..	3	..	1	2	3	..	..	1	20
Hide and Skin Dealer; Rag and Bone Dealer.	..	..	..	..	..	..	..	..	1	..	..	..	1
Supervision of Works in Progress.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Street Traders	39	60	101	62	69	219	177	75	58	46	106	99	1111
Drainage Inspection (Rodents).....	2	1	4	17	76	8	6	6	11	20	5	..	156
												TOTAL	59,760

*Not included in total number of Inspections

MATTERS DEALT WITH.	Dwelling Houses.	Tenem'ts.	Food Premises and Street Vendors.	Shops.	Offices.	Places of Public Resort.	Other Premises.	TOTALS.
Accumulations	55	41	4	3	1	4	5	113
Animal Nuisances	4	1	..	2	1	..	..	8
Cowsheds Cleansed .....	..	..	..	..	..	..	..	..
Cowsheds Repaired, Improved .....	..	..	..	..	..	..	..	..
Cooking Accommodation Repaired	1	..	..	..	..	..	..	1
Cooking Accommodation Provided .....	..	3	..	..	..	..	..	3
Dampness	610	54	5	4	..	..	1	674
Dustbins	764	107	33	..	..	2	..	906
Drain Tests Applied	130	54	1	21	5	..	..	211
Drains Found Defective.....	59	2	1	6	3	1	1	73
Drains, Waste Pipes, Cleared	306	130	9	9	2	2	5	463
Drains/Soil/Waste Pipes Repaired/Renewed (Yds.)	539½	404	39	36	15	3	17	1053½
Drains/Soil/Waste Pipes Provided (Yds.)	354	173	32	258	10	5	1	833 yds
Doors and Windows	952	146	11	3	..	..	..	1112
Ditches and Streams Cleansed	1	..	..	..	..	..	..	1
Floors	284	33	21	1	..	..	..	339
Food Stores Provided.....	16	22	1	..	..	..	..	39
Fireplaces/Flues	122	28	2	..	..	2	..	154
Lighting Improved	1	8	2	3	1	..	..	15
Manure Pits Emptied .....	..	..	..	..	..	..	..	..
Manure Pits Repaired/Improved .....	..	..	..	..	..	..	..	..
Offensive Trades (Contraventions Remedied) ..	..	..	..	..	..	..	..	..
Piggeries Cleansed.....	1	..	..	..	..	..	..	1
Piggeries Repaired/Provided	4	..	..	..	..	..	..	4
Roofs, Gutters, Spouting	1504	284	27	8	1	..	2	1826
Rooms Cleansed/Redecorated	25	27	120	10	2	8	7	199
Sanitary Accommodation Provided	20	3	3	2	3	..	..	31
Sanitary Accommodation Repaired	893	196	25	8	4	3	3	1132
Sanitary Accommodation Cleansed	11	9	10	1	..	1	..	32
Sinks/Wash Basins Repaired	87	6	3	1	1	..	..	98
Sinks/Wash Basins Provided	26	11	115	54	7	4	..	217
Sites Cleared	5	..	..	..	..	..	..	5
Stables Cleansed .....	..	..	..	..	..	..	..	..
Smoke Nuisances (Domestic)	123	24	..	..	..	..	..	147
Smoke Nuisances (Industrial) .....	..	..	..	..	..	1	4	5
Temperature Improved .....	..	..	..	1	..	..	..	1
Urinal Accommodation Provided (Ft.) .....	..	..	..	..	..	..	..	..
Urinal Accommodation Cleansed .....	..	..	4	..	1	1	..	6
Ventilation Improved.....	10	4	13	8	1	2	..	38
Walls and Chimneys (External)	136	5	5	1	..	..	..	147
Walls and Ceilings (Internal)	993	196	51	3	..	2	..	1245
Washing Clothes Accommodation Provided ...	2	..	..	..	..	..	..	2
Washing Clothes Accommodation Repaired ...	22	10	..	..	..	..	..	32
Water Supply Provided (New)	3	6	187	55	4	5	2	262
Water Supply Reinstated	759	217	6	5	1	1	4	993
Yards Repaired/Relaid	100	8	5	..	..	..	1	114
Yards Cleansed/Limewashed	6	7	3	..	..	..	..	16
Other Nuisances	402	38	26	4	3	2	5	480
Housing Acts—								
Dwellinghouses Closed	1	..	..	..	..	..	..	1
Dwellinghouses Demolished .....	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Informal) .....	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Statutory) .....	..	..	..	..	..	..	..	..
Overcrowding—								
A. New Cases .....	..	..	..	..	..	..	..	..
B. Rehoused (By Corporation).....	..	..	..	..	..	..	..	..
C. Rehoused (Privately) .....	..	..	..	..	..	..	..	..
Rent Book Amendments (P.Nos. etc.) ..	2	..	..	..	..	..	..	2

SERVICE OF NOTICES.	INFORMAL.				STATUTORY.	
	(VERBAL)		(WRITTEN)		SERVED.	COMPLIED WITH.
	SERVED.	COMPLIED WITH.	SERVED.	COMPLIED WITH.		
Public Health Act.....	165	194	2351	1307	3975	3935
Housing Act (General) .....	..	..	2	5	..	..
Housing Act (Overcrowding) .....	..	..	8	..	..	..
Shops Act, 1950 (Sec. 38)	1	2	22	20	7	3
Food and Drugs Act, 1938	49	57	221	118	51	21
Corporation Acts and Regulations	17	29	596	372	12	63
Tenement Bye-laws—Owner .....	..	2	30	24	99	4
Occupier .....	..	1	11	1	..	4
TOTALS	232	285	3241	1847	4144	4030

Committee and them on the matter. The cause of the trouble was found to be due to the inefficiency of the apparatus fixed in the flues of the chimneys to prevent fine grit being emitted into the atmosphere. Improvements on this apparatus have been undertaken by the firm and so far, the results are encouraging. Unfortunately, owing to the nature of the work carried out on the premises all the works of improvement cannot be carried out in one stage or operation. In the meantime, pending completion of the works of improvement, the firm are doing everything possible to reduce the volume of offending grit.

The total number of nuisances dealt with during the year, was 9,537, an increase of 1,517 over the last year's total.

Notices Served.

The increased number of nuisances dealt with in turn caused an increase in the number of notices to be served. In all 3,473 informal and 4,144 formal notices were served together with 1,245 summons letters, 3,249 circular letters and 1,983 other letters, a total of 14,094.

Pail Closets, Privies, etc.

All of the pail closets, privies, etc., are situated in the semi-rural area on the outskirts of the City. Structurally they are in a reasonably sound condition but owing to the absence of convenient sewerage facilities they must for a while remain. Their conversion to water closets will be required immediately sewer and water supplies are available.

NEWCASTLE CORPORATION (GENERAL POWERS) ACT, 1935.

The Medical Officer of Health and the Sanitary Inspector are empowered under the above Act to deal, on a 24 hours' notice, with defective and/or choked drains, conveniences, soil pipes and waste pipes from baths, sinks, etc. On default of an owner, the works required may be carried out on instruction of the Health Committee and the costs recovered from the owner or occupier of the premises as the case may be. In all, these very useful powers have been invoked in the service of 574 notices, and in 53 instances the specified works were carried out when default was made, at a total cost to the defaulters of £168 6s. 4d.

ATMOSPHERIC POLLUTION.

Smoke Abatement.

The prevention of atmospheric pollution is a matter that could be more effectively dealt with by the operation of a policy common to and operating throughout the Country instead of the existing control. Whilst there is no doubt that industrial areas do suffer to the greatest extent from this pollution it cannot be said that any area is really free from it as pollution boundary lines cannot be confined to, nor restricted to any defined area. Insofar as Tyneside is concerned, it would be of material advantage if the whole area were welded into one for the purpose of prevention of atmospheric pollution, instead of as at present, each authority acting by itself. Whilst much good work is being done by each local authority the results of a common policy operating throughout the whole of Tyneside would bring quicker and more lasting results than what is at present obtained.

Our own efforts in this work go on unceasingly in the form of smoke observations on the chimneys of business premises, discussions and helpful advice to the management of firms when their chimneys are found to be emitting smoke so as to be a nuisance, the recording of sulphur dioxide in the air, together with recording the amount and nature of the matter that falls from the atmosphere into the deposit gauges.

543 smoke observations on the chimneys of business premises were carried out during the year and during these nuisances were detected on 15 occasions which were followed up by the service of 14 informal notices.

Deposit Gauges and Sulphur Dioxide Recorders.

At each of the sites, set out in the table, there is installed a deposit gauge and a Sulphur Dioxide Recorder. In addition, sulphation is measured at a station in Dean Street. During the year the average daily mean concentration of Sulphur Dioxide was 0.09 parts per million the highest being 0.32 and the lowest 0.01 p.p.m.

RESULTS FROM OPERATION OF SIX GAUGES IN THE CITY.

Site of Gauge.	Average Deposit.	RAINFALL (inches).	ENGLISH TONS OF DEPOSIT PER SQUARE MILE							
			Insoluble Matter.			Soluble Matter.	TOTAL SOLIDS.	Included in Soluble Matter		
			Tar.	Other Combustible	Ash.			Sulphate as SO ₄	Chlorine as Cl.	Lime as Ca.
Kenton Hall	Month . Annum	1·86 22·36	·09 1·11	2·04 24·51	5·38 64·59	5·18 62·09	12·69 152·30	1·32 15·85	·73 8·75	·50 6·06
Westgate Cemetery	Month . Annum	2·08 25·04	·12 1·43	3·72 44·70	9·13 109·53	7·58 91·03	20·55 246·69	1·87 22·52	1·06 12·79	·66 7·92
Welbeck Reservoir	Month . Annum	1·87 22·48	·14 1·62	3·01 36·17	9·69 116·29	7·46 89·52	20·30 243·60	1·82 21·87	1·28 15·38	·77 9·26
* Benwell Reservoir	Month . Annum	1·19 14·28	·13 1·56	1·88 22·56	9·65 115·80	3·36 40·32	15·02 180·24	·86 10·32	·57 6·84	·32 3·84
Freeman Road	Month . Annum	2·15 25·81	·11 1·26	2·56 30·75	7·62 91·42	6·56 78·76	16·85 202·20	1·60 19·25	1·02 12·32	·67 8·08
* Stotts Road	Month . Annum	2·46 29·52	·11 1·39	2·35 28·20	6·58 79·03	7·87 94·41	16·91 203·01	1·96 23·52	1·40 16·80	·86 10·32
Average per Gauge	Month . Annum	1·93 23·24	·116 1·39	2·59 31·14	8·0 96·11	6·33 76·02	17·05 204·67	1·57 18·88	1·01 12·14	0·63 7·58
Total Deposit (Tons) on the City during 1952	Month Annum.		2·06 24·76	46·19 554·72	142·65 1712·10	112·85 1354·22	303·72 3646·05	27·96 336·32	17·99 216·26	11·22 135·03

* These gauges were out of order during part of the year and the averages have been calculated on the months of operation only.

OFFENSIVE TRADES.

The offensive trades are those scheduled under the Public Health Act, 1936. Throughout the year 105 inspections of these trade premises were carried out and whilst offences were found, none were of a serious nature and generally the businesses have been carried out in a satisfactory manner.

The number and types of offensive trades on the register is :—

Rag and Bone dealers	8
Tripe Boilers	5
Gut scrapers	2
Dealers in hides and skins	2
Bone boilers	2
Fat melters	2
Glue Makers	2
Soap Boilers	1
Blood Boilers	2
Fish curing	1
Total	27

PLACES OF PUBLIC ENTERTAINMENT.

Theatres, Cinemas, etc.

Attention is paid to all places of public entertainment as to the suitability and sufficiency of the amenities provided for patrons and staff, together with the sufficiency of ventilation, heating, lighting and the state of cleanliness, etc. With regard to premises where application is made to the Licensing Magistrates for a licence for music and/or dancing, a Certificate of Sanitation from the Sanitary Authority must be produced in support of the application. Five such applications were received and after inspection of the premises, certificates were granted. Of these 5 applications, one was from the Student members of the Union Society, King's College, Newcastle upon Tyne, for a "one week period" to enable them to open and run premises during their "Rag Week Revels."

The total number of premises in respect of which certificates of sanitation have been issued is 171 comprising 6 theatres and music halls, 36 cinemas, and 129 dancing and concert halls, billiard rooms and cafes.

The number of inspections (day and evening) of these premises carried out during the year was 652 and sanitary conditions were found to be reasonably satisfactory.

HOUSING.

The Housing Act, 1936.

The number of inspections carried out during the year totalled 2,064 being 123 over the previous year's total.

Section 11.

12 houses, all in a deplorable structural state and incapable of repair, were represented to the Health Committee as being totally unfit for human habitation and subsequently the City Council sealed orders under the Housing Act, Section 11 in respect of all of them. 3 of the houses were condemned in 1939 under Compulsory Purchase Orders of which the powers have now lapsed.

Section 51.

No applications were received for the certification of improvements to dwellinghouses.

Section 57.

Abatement of Overcrowding.

The total number of families rehoused by the Housing Department from overcrowded dwellings into houses suitable for their needs was 946 with a population of 4,730. Last year 285 families, population 1,377, were so rehoused.

Application for Council Houses.

The Medical Officer of Health and Chief Sanitary Inspector with the approval of the Housing and Health Committees deal with applications for Council Houses where the conditions are such that their special knowledge should be used to bridge the gap between the "Points Scheme" of the Housing Committee and other matters that are so difficult to assess satisfactorily with so many points. 737 applications (118 increase over last year's total) were received during the year, and after investigation and careful consideration were classified into four groups and appropriate recommendations submitted to the Housing Department. Re-housing was effected in 331 cases.

The majority of the applications were received direct from the applicants, the others being from the medical profession and other interested sources.

Section 62.

Under this section the “permitted number”, *i.e.*, the number of persons who may normally sleep in a dwellinghouse without causing illegal overcrowding, is issuable by the Health Committee. During the year 42 such numbers were supplied to applicants after inspection and measurement of the rooms.

Tenemented Houses.

During the year 38 tenemented houses (92 holdings) were added to the register.

The number of such houses on the register at the end of the year was 1,428 with 4201 holdings therein, as follows : one-roomed holdings, 1036 ; two-room holdings, 2,591 ; three-roomed holdings, 519 ; four roomed holdings, 49 ; five-roomed holdings, 6 ; Total 4201.

Inspections carried out of these houses numbered 1,895.

Common Lodging Houses.

Two houses only now remain on the register, with beds for 88 male lodgers. This accommodation throughout the year was sufficient to meet the demands, as the highest nightly demand was for 86 beds and the lowest 82, the average being 85.

Strict supervision was exercised over the houses and lodgers, and when vermin was found, the houses, beds and bedding disinfected and the lodger cleansed at the Cleansing Station.

Slum Clearance (Demolition).

36 dwellinghouses, condemned under pre-war Slum Clearance Orders, which had become empty, derelict and in a dangerous condition, were demolished.

Tents, Vans, Sheds and Similar Structures.

There are no tents, vans, sheds or similar structures occupied as permanent dwellings in the City.

New Buildings and Sanitary Alterations.

158 plans were received from the Town Improvement and Streets Committee for examination. Where necessary improvements on the proposals were suggested on their return. The number of plans submitted last year was 161.

DISINFESTATION.

Eradication of Bed Bugs, Black Beetles, etc.

Re-housing.

Whenever an incoming tenant of a new or a vacated Council house has lived in a verminous or query verminous house, the rooms, his goods and chattels are thoroughly treated with an insecticide before removal to his new house, whilst soft goods (mattresses etc.) are steam disinfested.

Council and Private Houses.

When private houses are found verminous, then, in accordance with the degree of infestation, the wood mouldings, skirtings, wall coverings, etc., are removed and the rooms and contents therein treated with a liquid and/or powder insecticide. Mattresses and other soft foods are removed and steam disinfested where necessary. Rooms are then thoroughly cleansed and re-decorated.

In Council Estate houses the City Architect carried out all disinfestation work (apart from steam disinfestation), and when houses are found to be infested the foregoing procedure is carried out, but before replacement of woodwork it is well coated on the back side with creosote or other preservative. After cleansing and re-decoration of the rooms, further treatment with insecticide is given and observation kept on the houses.

Insecticides in use are Zaldecide, Gammexane, D. Solution, Lowes' Deodex, etc., in liquid, powder and fume form. Re-infestation has rarely been found.

The number of premises found to be verminous and dealt with is as follows :—

Council houses, 25 ; Private Houses, 245 ; Other Premises, 9.

FACTORIES ACT, 1937.

Factories, manual or non-manual, come within the jurisdiction of the Health Committee. In the latter group powers are, to some extent, restricted. Overcrowding, ventilation, heating, the provision of water supplies, washing facilities, sanitary accommodation, the handling, preparation and storage of food, and a host of other matters of a hygienic nature call for constant supervision, and during the year 4,981 inspections were made, including inspections under the Food and Drugs Act and Rag Flock and Other Filling Materials Act.

Outworkers.

A list of outworkers (carrying out work of scheduled trades in their own homes on behalf of a factory) must be submitted to the Local Authority by occupiers of factories twice per year, in February and August. 14 lists were so received and 68 inspections were carried out on outworkers' premises.

H.M. Inspector of Factories notifies a Local Authority of any matters under their jurisdiction which have come to his notice to be dealt with by them and, in all, 29 such notices were received as to insanitary conditions. These all received attention and the action taken was reported to H.M. Inspector as required by the Act.

Administration of the Factories Act, 1937.

Home Office Tables.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

PREMISES.	NUMBER OF		
	Inspection.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power	2,202	72	..
Factories without mechanical power.....	683	26	..
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	86	1	..
Total.....	2,971	99	..

2.—DEFECTS FOUND.

Particulars. (1)	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted. (5)
	Found. (2)	Re-medied. (3)	Referred by H.M. In-spector. (4)	
Want of cleanliness (S.1)	55	61	16	None.
Overcrowding (S.2)	3	4	..	
Unreasonable temperature (S.3)	2	4	..	
Inadequate ventilation (S.4)	1	1	..	
Ineffective drainage of floors (S.6)	1	1	..	
Sanitary } insufficient	36	34	1	
Convenience } unsuitable or defective ...	32	31	8	
ces (S.7) } not separate for sexes.....	4	4	1	
Other Offences	39	49	5	
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)				
Total	173	189	31	—

OUTWORK IN UNWHOLESOME PREMISES.

(Factories Act, 1937; Section 110).

NATURE OF WORK.	No. of Outworkers	No. of cases of default in sending Lists to the Council.	Prosecutions.
Making Wearing Apparel.....	45	..	None.
Paper Bag Making	6	..	None.
Stuffed Toy.....	..	..	None.
Total	51	..	None.

Workplaces.

Workplaces, wherein is carried out all manner of business and trades, are dealt with under the Public Health Act, 1936, and other Acts. Of these premises 659 inspections were made and the following defects found and dealt with:—

Want of cleanliness	10
Sanitary accommodation insufficient or defective	3
Other nuisances	6
Total	19

LIST OF TRADES.

Group.	TRADES.	NUMBER OF	
		FACTORIES (Factories Act, 1937).	WORKPLACES (Public Health Act. 1936).
1	Athletic Outfitters (comprises : the making and repairing of bats, rackets, guns, cycles, billiard tables, golf clubs, etc.)	17	..
2	Bakehouses	152	..
3	Food (comprises : bacon-curing, rolling and smoking, packing of vegetables, fruits, canned goods, ice cream, fish-curing and smoking, sauce and pickles, tripe-boiling, jam making, sugar boilers, egg-sorters, wholesale fish dealers, sausage makers, potato stores, etc.)	264	94
4	Laundries	29	..
5	Metal workers (comprises : blacksmiths, whitesmiths, coppersmiths, locksmiths, tin-smiths, brass-finishers ; motor, electrical and general engineers, wireworkers, sheet metal workers, car-breakers, plumbers, engravers, millwrights, etc.)	515	48
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres) .....	..	256
7	Wood workers (comprises : saw mills, joiners, cabinet-makers, wood carvers, picture framers, undertakers ; boat builders and repairers, ladder makers, coopers, toy makers, boxmakers, etc.)	205	91
8	Wearing apparel (comprises : dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.)	215	42
9	Workers in leather (comprises : bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.)	110	21
10	Watchmaking and jewellery (comprises : watchmakers, opticians, instrument makers, etc.)	64	6
11	Miscellaneous trades (comprises : transport workers, hide and skin dealers, hay and corn dealers, marine stores, scrap metal works, timber yards, grease and oil stores, bottle washers, photographers, painters and decorators, bouquet and wreath makers, soap boilers, wholesale chemists, cosmetic makers and packers, etc.)	518	399
	TOTAL	2,097	957

Council and Other Schools.

Routine inspections numbering 34 were made of all the schools in the City. Minor defects only were found and upon verbal request to the Education Authority they were promptly remedied.

Shops Act, 1950 : Section 38.

Inspections totalling 765 were made, when 507 contraventions (all of a minor nature) were found and dealt with. Details of these inspections are embodied in the "Summary of Inspections," table on page 137A.

Pet Animals Act, 1951.

Applications were received for the licensing of 30 premises in the City and subsequently 2 were withdrawn. Inspections were carried out of these premises and in 4 of them conditions were not satisfactory. Compliance with requirements were subsequently carried out by the applicants and all the premises were licensed. The type of premises and pets dealt with are as follows :—

SHOP PREMISES—Budgerigars, Canaries, Parrots, Tropical Fish, Rabbits, Tortoises, Puppies, Reptiles and Mice.

COVERED MARKET—Dogs, Cats, Chicks, Goldfish, Budgerigars, Canaries, Pigeons, Pullets.

OPEN MARKET—Budgerigars, Goldfish, Canaries, Parrots, Tortoises.

Rag Flock and Other Filling Materials Act, 1951.

No rag flock is manufactured in the City, but all the materials prescribed in the Act are used on the premises where upholstery and the like work is carried on. 12 samples of rag flock and other filling materials were submitted to the Public Analyst who certified them to conform to the standard of cleanliness demanded.

Altogether 31 premises are registered and 3 licensed to deal in Rag Flock. 147 inspections were made of these premises.

Fertilisers and Feeding Stuffs Act, 1926.

48 inspections were made of premises making and/or selling fertilisers and feeding stuffs. In addition, these premises are subject to control under the power of other enactments.

10 samples of fertilisers (3 formal and 7 informal) and 7 samples (all formal) of feeding stuffs were procured and submitted to the Agricultural Analyst for analysis. In 4 of the samples their composition was not in conformity with the lawful requirements.

In the instances of a Raw Bone Meal sample, phosphoric acid was above the prescribed amount. Insoluble phosphoric acid was also in excess in a Granular Fertiliser and in a feeding stuff, the phosphoric acid, was higher than the amount stated on the declaration. In a sample of bone meal, albuminoids was also in excess. In all the 4 samples, the Analyst was of opinion that the purchaser was not prejudiced. Details of the analysis were submitted to the Minister of Agriculture and Fisheries.

Agricultural Produce (Grading and Marking) Acts, 1928, 1931.

Premises where eggs are kept in cold or chemical storage are registerable under these Acts. 4 such premises are on the register and inspections (included under food premises) were made regularly throughout the year.

Merchandise Marks Act, 1926.

124 inspections and visits were made to shops, stalls and barrows to ascertain whether articles of imported foodstuffs had an indication of origin marked thereon in accordance with the provisions of the Act. In the instances of 9 shops and 13 stalls, Channel Islands and Canary Islands tomatoes were found to be labelled "English." In a butcher's shop imported eggs were found to have the indication of origin, *viz.*: the word "Danish" inscribed within a circle, erased from the shells.

In the case of the 9 shops and 13 stalls, the occupiers were advised as to the correct marking of the tomatoes, and in the matter of the eggs, the offender was prosecuted and fined £5 plus £3-3-0 costs.

Pharmacy and Poisons Acts, 1933, 1941.

LISTED SELLERS OF PART II POISONS.

Registration of premises and persons selling poisons scheduled under the above Acts is obligatory and much care is exercised over the registration of any food premises selling such poisons. Generally the sale in these shops is that of sealed bottles of disinfectant. New registrations during the year totalled 5 and the number of premises on the register at the end of the year was 168.

During the year 3 premises ceased to sell the listed articles and their names and addresses were accordingly deleted from the register.

205 visits (apart from other inspections of these premises) were made, when the provisions of the Acts and Rules were found to be complied with. Verbal cautions were given in respect of slight offences occurring on 6 premises.

Prevention of Damage by Pests Act, 1949.

The administration of the above Act is delegated to the Veterinary Department. Close co-operation in its operation is however exercised between the two sections and during the year inspections of 2,382 infested premises were carried out. In all, tests were made on 156 drainage systems and works of reconstruction and other control measures supervised.

Exhumations.

Two exhumations and re-interments authorised by Home Office licences were supervised during the year. The operations were carried out in the early morning in a reverent and sanitary manner and in compliance with the conditions set out in the licences.

Staff Changes.

The services of experienced personnel, which the department can so ill afford under to-day's circumstances, were lost in the resignations of Inspectors W. Nicol, S. Pape and W. Stewart.

Inspector W. Nicol (15 years experience) secured a more lucrative appointment with a Rivers Board Authority, S. Pape (3½ years experience) took up a comparable post with a local authority, whilst Inspector W. Stewart (27½ years experience) on reaching his 67th year entered upon his retirement. Inspector W. Stewart at all times and under the exacting conditions of his office carried out his duties in an exemplary manner. In every way his knowledge was freely and generously available to all, particularly to the young inspectorial staff. He justly carried the title of and always acted up to the ideal "Local Government Officer." The wish of all of his colleagues is that "a long, healthy and useful life is as yet to be before him."

Conclusion.

Tribute, in all sincerity, must be paid to each and all of the staff, inspectorial and clerical, who have in unison pulled their weight at

all times throughout the year. Otherwise, without this constant and encouraging spur to me, the good result of the year's work would not have materialised.

To yourself and the Health Committee I am also deeply indebted for the many kindly actions and unfailing support which has been so generously afforded to me throughout the year.

W. GRAY,
Chief Sanitary Inspector.

INCLUDING REPORTS OF
DISEASES OF ANIMALS AND
INSPECTION OF MEAT AND OTHER FOODS.

VI—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
RATS AND MICE DESTROYED.

REPORT OF THE VETERINARY OFFICER
for the Year 1952.

To the Medical Officer of Health.

SIR,

I have pleasure in submitting the following Report for the year 1952.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1952, no outbreaks of scheduled disease occurred amongst the animals within the City, compared with two during the previous year.

Foot and Mouth Disease.

No case of foot and mouth disease occurred within the City during the year, but owing to outbreaks of the disease in other parts of the country, the City, twice during 1952, was included in a Controlled Area declared by the Minister of Agriculture and Fisheries and operating for several weeks. During these restrictions movement of animals out of, into or within the Area was prohibited except by licence, and gatherings of animals at collecting centres authorised by the Minister of Food for the reception of animals for immediate slaughter were permitted to be held only by licence granted by the local authority. The collecting centre at the Cattle Market being accordingly licensed continued to function throughout the restrictions.

Within Great Britain there were 495 outbreaks of the disease during the year, necessitating the slaughter of 75,454 animals, compared with 116 outbreaks during the previous year, in which 12,875 animals were slaughtered.

Tuberculosis.

During the year, one animal, housed within a City cowshed, was dealt with under the Tuberculosis Order of 1938. The animal was found to be suffering from tuberculosis of the udder and excreting tubercle bacilli in the milk. On post-mortem examination at the knacker's yard, where the animal was sent for slaughter, it was found to be affected with advanced disease.

Anthrax.

The City was completely free of Anthrax during the year under report, microscopic examinations of blood smears from the carcasses of 3 animals found in the City slaughterhouses all proving negative.

Within Great Britain 1,215 outbreaks were confirmed, 1,347 animals being attacked by the disease, compared with 407 outbreaks during the previous year, involving 440 animals.

Swine Fever.

During the year under report, no outbreak of swine fever occurred within the City.

Within Great Britain during the year, 891 outbreaks occurred, 292 swine being slaughtered, compared with 1,343 outbreaks during the previous year, in which 431 swine were slaughtered.

Rabies.

Great Britain is still free from this disease and has been so since 1922.

Parasitic Mange.

No outbreak of this disease occurred within the City nor in any other part of Great Britain during the year.

Fowl Pest.

During the year no outbreaks of this disease occurred within the City. Within Great Britain a decrease in the number of outbreaks was reported, there being 498 as compared with 844 during 1951.

Railway Cattle and Horse Docks, Live Stock, Markets, Lairs and Horse Sales.

For the purpose of the Transit of Animals Orders of 1927 to 1947, 233 visits were made to the Collecting Centre at the Cattle Market and the railway cattle docks during the year. The cleansing and disinfection were found to have been carried out efficiently. Two oxen, one sheep, three pigs and one horse were found dead at the railway cattle docks and, after inspection permission was granted for their removal for destruction, together with one ox and one pig from the slaughter-house and two pigs from piggeries.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1952.

Railway Cattle Docks.	Collecting Centre, Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Poultry Market.
102	131	70	320	52

OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

	ANTHRAX.			SWINE FEVER		FOOT AND MOUTH DISEASE.								PARASITIC MANGE.		TUBERCULOSIS. DAIRY COWS SLAUGHTERED.		
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered, Exposed to Infection.	NUMBER OF OUTBREAKS.				ANIMALS DISEASED.		CARCASSES DISEASED		Number of Outbreaks.	Number of Horses Found diseased.			
						Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.				Beef.	Pork.
*1933...	1	38	..	..	..	..	..	..	..	..	..	..	1		
1934...	1	5	..	..	..	..	..	..	..	..	..	..	5		
1935...	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	6
1936...	1	2	..	1	38	..	..	..	..	..	..	..	..	..	..	6
1937...	4		
1938...	4		
1939...	2	205	..	..	..	..	..	..	..	..	..	..	..
1940...	2	1	2	4	336	..	..	..	..	..	..	..	..	..	..	..
1941...	6		
1942...	8		
1943...	8		
1944...	18		
1945...	8		
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	7
1947...	4		
1948...	2		
1949...		
1950...		
1951...	1	2	..	..	..	..	..	..	..	..	..	..	1		
1952...		

*Years prior to 1933 are given in previous Annual Reports.

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

The Cattle Market, which ceased to function as such on the 15th January, 1940, has again operated throughout the year as a Collecting Centre. The number of animals passing through the Centre during the year was 22,954, including 4,259 cattle, 306 calves, 13,470 sheep and 4,919 swine, and an ante-mortem inspection of these was carried out prior to the animals being graded and allocated to the Government Slaughterhouses.

NUMBER OF ANIMALS EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Year.	Cattle.	Calves.	Sheep.	Swine.	* Dairy Cows.
1933	35,472	1,990	259,637	9,999	266
1934	40,521	2,606	250,211	11,681	245
1935	43,261	3,002	239,860	17,270	257
1936	45,220	2,781	243,687	18,293	253
1937	42,207	1,769	197,524	14,974	218
1938	41,189	1,572	254,171	17,285	163
1939	43,878	1,589	252,782	12,341	117
†1940	7,953	508	27,371	6,449	..
1941	5,434	446	15,428	5,993	..
1942	5,094	555	14,028	4,443	..
1943	4,958	529	12,214	4,762	..
1944	5,843	375	14,205	4,688	..
1945	6,807	485	16,498	4,554	..
1946	6,565	437	18,485	3,562	..
1947	5,406	375	11,941	2,243	..
1948	6,034	399	17,433	2,453	..
1949	5,761	361	19,620	4,581	..
1950	5,322	315	14,237	5,220	..
1951	5,250	372	13,226	5,254	..
1952	4,259	306	13,470	4,919	..

* Milch Cows sold on Fridays within the Cattle Market lairs.

† Market used as a collecting centre by the Ministry of Food as from 15th January.

INSPECTION OF MEAT AND OTHER FOODS.

Animals Slaughtered within the City.

The slaughter of animals for human consumption is still controlled by the Ministry of Food under emergency powers, the object of which was to give the basis of a sound rationing scheme. From the point of view of meat inspection, however, concentration of slaughter, resulting from these measures, has given the Local Authority inspectors the opportunity of examining the carcasses and offals of all animals slaughtered, thus ensuring for the public a disease-free meat supply. How much longer the present scheme will continue to function is difficult to forecast, but it is hoped that when control is ended, or whatever measures may be substituted, we will not return to the use of the numerous private slaughterhouses as existed in 1939, and it is in this respect that the erection of a modern public abattoir at an early date is most desirable.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1952	1951	1950	1949	1948
Cattle	*31,888	32,851	33,053	28,313	25,885
Calves	5,271	7,777	7,680	6,513	6,863
Sheep	127,763	101,973	125,536	112,449	90,102
Pigs	19,832	8,858	4,317	2,725	1,728
Horses	1,390	1,907	1,666	2,641	4,604
Total Animals.	186,144	153,366	172,252	152,641	129,182

* Includes 4,763 cows, 26,894 young cattle (heifers and bullocks) and 231 bulls.

Animals found Tuberculous on Routine Slaughterhouse Inspection.

In the course of meat inspection within the City during the year, 5,001 animal carcasses were found to be affected with tuberculosis, a decrease of 14·41 per cent. as compared with the previous year. It was found necessary to destroy the entire carcasses and offals of 356 animals, owing to the extent and distribution of the disease, whilst in 4,645 cases some part of the carcass or internal organs were destroyed.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle, exclud- ing Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	27,125	4,763	5,271	127,763	19,832
Number inspected	27,125	4,763	5,271	127,763	19,832
<i>All diseases except Tuberculosis :</i>					
Whole carcasses condemned ..	25	69	183	265	85
Carcasses of which some part or organ was condemned ..	7,302	3,569	12	3,649	933
Percentage of the number inspected affected with diseases other than Tuber- culosis	27·01	76·38	3·69	3·06	5·08
<i>Tuberculosis only :</i>					
Whole carcasses condemned ..	33	258	12	..	53
Carcasses of which some part or organ was condemned ..	2,262	1,713	..	..	670
Percentage of the number inspected affected with Tuberculosis	8·04	41·38	·227	..	..

NOTE.—Cattle affected with Tuberculosis includes, besides cows, young cattle (heifers and bullocks) 8·46 per cent. and bulls 4·32 per cent.

NUMBER OF DISEASED ORGANS CONDEMNED.

HEADS (including Tongues)—	Bovine.	Swine.	Sheep.	Total.
Tuberculosis	1,116 (125)	398 (1,248)	— (—)	1,514 (1,373)
Other conditions	69 (41)	— (—)	3 (—)	113 (14)
LUNGS—				
Tuberculosis	2,975 (369)	155 (14)	— (—)	3,130 (383)
Other conditions	1,545 (72)	312 (213)	1,470 (37)	3,327 (322)
HEARTS—				
Tuberculosis	238 (31)	7 (—)	— (—)	245 (31)
Other conditions	49 (1)	247 (—)	79 (—)	375 (—)
LIVERS—				
Tuberculosis	207 (175)	28 (—)	— (—)	235 (175)
Other conditions	9,882 (785) & 32,456 lbs.	383 (80)	2,045 (111)	12,310 (976) & 32,456 lbs.
PLUCKS—				
Tuberculosis	— (—)	762 (83)	— (—)	762 (83)
Other conditions	11 (—)	325 (45)	1,649 (3)0	1,985 (75)
UDDERS—				
Tuberculosis	— (—)	— (—)	— (—)	— (—)
Other conditions	2,139 (—)	— (—)	— (—)	2,139 (—)
THICK SKIRTS—				
Tuberculosis	394 (—)	— (—)	— (—)	394 (—)
Other conditions	137 (—)	— (—)	— (—)	137 (—)
SPLEENS—				
Tuberculosis	268 (—)	— (—)	— (—)	268 (—)
Other conditions	582 (—)	— (—)	— (—)	582 (—)
STOMACHS, MESEN- TERIES & INTESTINES—				
Tuberculosis	443 (24)	73 (—)	— (—)	516 (24)
Other conditions	361 (—)	82 (239)	15 (—)	458 (239)

NOTE.—The figures in brackets indicate condemnations during 1939, *i.e.*, the year prior to the introduction of centralised slaughtering. The increased condemnations during the war years and in 1952 may be attributed entirely to the fact that centralised slaughtering rendered possible the post-mortem inspection of 100 per cent. of the animals slaughtered within the City.

The table does not include organs condemned for decomposition and contamination.

TOTAL CARCASSES, &C., DESTROYED AS BEING UNFIT FOR

	Carcases, etc.					Lungs.			Hearts.		
	Beef.	Veal.	Mutton.	Pork.	Horse.	Sets Ox.	Sets Sheep.	Sets Pigs.	Ox.	Sheep.	Pigs.
Tuberculosis	291 + 11,657 lbs.	12	..	53 + 380 lbs.	..	2975	..	155	238	..	..
Johne's Disease with Emaciation	23	..	..	..	..	..	..	..	..	..	..
Johne's Disease .....	..	..	..	..	..	..	..	..	..	..	..
Swine Erysipelas .....	..	..	..	4	..	..	..	..	..	..	..
Necrosis	110 lbs.	16 lbs.	..	..	..	..	..	..	..	..	..
Caseous Lymphadenitis .....	..	..	7 lbs.	..	..	..	..	..	..	..	..
Actinobacillosis	70 lbs.	..	..	..	..	..	..	..	..	..	..
Actinomycosis	44 lbs.	..	..	..	..	..	..	..	..	..	..
Pyrexia	1	..	5	11	..	..	..	..	..	..	..
Pyæmia	5	1	25	11	..	..	..	..	..	..	..
Pericarditis .....	..	..	..	..	..	..	..	..	48	..	..
Pyelonephritis .....	..	..	..	1	..	..	..	..	..	..	..
Septic Conditions	22 + 1,490 lbs.	11	42 + 734 lbs.	26 + 516 lbs.	..	..	2	..	..	2	..
Toxæmia	10	1	8	10	..	..	..	..	..	..	..
Gangrene	268 lbs.	..	1	5	1	..	..	..	..	..	..
Jaundice .....	..	6	..	2	..	..	..	..	..	..	..
Uræmia .....	..	..	1	..	..	..	..	..	..	..	..
Enteritis	1	..	1	..	..	..	..	..	..	..	..
Tumours	1	..	..	..	..	..	..	..	..	..	..
Lymphatic Leukæmia	1	..	..	..	..	..	..	..	..	..	..
Pneumonia .....	..	..	..	..	..	3	3	192	..	..	..
Pleurisy	4,615 lbs.	54 lbs.	773 lbs.	66 lbs.	..	452	70	120	..	..	..
Pleurisy and Peritonitis	2 + 396 lbs.	..	6 + 43 lbs.	1	..	..	..	..	..	..	..
Peritonitis	1 + 1,434 lbs.	..	95 lbs.	23 lbs.	..	..	..	..	..	..	..
Mastitis	20 lbs.	..	..	..	..	..	..	..	..	..	..
Cirrhosis .....	..	..	..	..	..	..	..	..	..	..	..
Cavernous Angioma .....	..	..	..	..	..	..	..	..	..	..	..
Oedema and Emaciation	24	55	167 + 6 lbs.	13	..	..	..	..	..	..	..
Parasites (Distomatosis, Cysts, etc.) .....	..	..	..	10 lbs.	..	1075	1394	..	..	32	..
Imperfect Bleeding, Congestion, etc. ....	..	5	6	1	..	15	1	..	1	45	23
Melanosis	21 lbs.	..	..	..	..	..	..	..	..	..	..
Muscular Atrophy	16 lbs.	..	..	..	..	..	..	..	..	..	..
Immaturity .....	..	102	..	..	..	..	..	..	..	..	..
Traumatism	8,612 lbs.	2 + 3 lbs.	2 + 529 lbs.	1,387 lbs.	..	..	..	..	..	..	..
Arthritis	1 + 33 lbs.	10 lbs.	784 lbs.	1,196 lbs.	..	..	..	..	..	..	..
Abnormal Odour	1	..	1	..	..	..	..	..	..	..	..
Decomposition	1 + 4,082 lbs.	1	1 + 1,051 lbs.	956 lbs.	..	1	..	2	21 lbs.	..	..
Contaminated	338 lbs.	2	4 lbs.	175 lbs.	..	13	..	..	7	..	..

HUMAN CONSUMPTION DURING THE YEAR 1952.

Livers.				Heads.			Plucks.			Sets, Stomachs & Intes- tines.			Stom- aches.		Mesenter- ies and Intestines.			Fat.		Udders.	Thick Skirts.	Ox Spleens.	Ox Tails.
Ox.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.	Ox.	Pig.	Ox.	Sheep.	Pig.	Ox.	Pig.				
207	28	1116	..	398	..	..	762	112	..	46	30	..	298	..	27	3	..	..	394	268	..
..	1	..	..	1	..	269	..	..	..	..	..	..	..	..
..
..
..	49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..
..
1,331	1	6	1	1	1	39	..	100	1	4	1	..	8	..	1	2	..	..	..	..	19	2	..
..
..
..
..
..
..	6	8	110	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	1	34	19	..	..	..	..	..	..	..	..	..	..	..	38	..	..
..	1	29	101	..	..	..	..	..	..	..	..	..	..	..	..	..	..
202	..	1	6	..	..	..	..	2	..	44	6	55	20	3	14	6	5	..	..	..	71	129	..
..	2139	..	..	..
8,252 + 32,456 lbs. 96	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..
..	..	2038	371	..	..	..	3	1476	79	..	..	3	..	..	..	..	..	..	..	..	..	..	..
1	4	..	..	..	..	..	15	..	..	16	..	..	..	..	..	..	..	..	9	405	..
..
..
..	3	2	1½	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
..
..
..	443 lbs.	..	..	..	1	6	60	1	2	2	..	12	..	200 lbs.	4	1	..	..
4	8	9	..	2	1	..	7	31	2	3	..	7	..	..	..	..	..	..	..	63	5	63	2 + 15 lbs.

CARCASSES OF BEEF CONDEMNED WITHIN THE CITY DURING THE
PAST TWENTY YEARS.

Total Condemned.		Numbers condemned on account of Tuberculosis.	Percentage Tuberculous.
Year.	Carcases.	Carcases.	Per cent.
*1933	128	116	90.62
1934	186	158	84.94
1935	182	159	87.35
1936	255	241	94.51
1937	231	208	90.04
1938	263	205	77.94
1939	278	237	88.25
1940	460	413	85.43
1941	450	400	88.88
1942	413	369	89.34
1943	494	413	83.60
1944	416	352	84.61
1945	415	380	91.56
1946	418	364	87.08
1947	361	291	80.60
1948	261	213	81.60
1949	335	264	78.80
1950	414	339	81.88
1951	448	314	70.08
1952	362	273	75.41

* Years prior to 1933 are given in previous Annual Reports.

Public Health (Meat) Regulations of 1924.

Visits numbering 6,184 were made to meat and provision shops, restaurants, stalls, vehicles, etc., in the enforcement of the Regulations. A number of contraventions, relating chiefly to meat conveyed in dirty vehicles, and butchers' shops not kept in a cleanly condition, were found during these visits and cautions administered.

FOOD AND DRUGS ACT, 1938.

Registration of Food Premises.

During the year, 74 applications for registration of butchers' shops to be used for the preparation or manufacture of sausages, potted meats, etc., were dealt with and approved by the Health Committee.

Imported Foodstuffs.

During the year regular routine visits were made to the Quayside. 51 vessels carrying meat foodstuffs arrived from Denmark and Sweden, compared with 55 arrivals from Australia, Denmark and Sweden during the previous year. The following were included in the cargoes, a percentage of which was examined :—

SALTED PIG OFFALS.

Casks—120 maws, 133 chitterlings, 42 casings, 417 feet, 52 rinds and 7 tails.

OTHER GOODS.

352,338 sides bacon, 79,674 cases tinned meats, 9 packages loins of pork and 880 sacks mussels.

The Merchandise Marks Act, 1926.

During the war, the Ministry of Food exercised emergency powers to suspend the Marking Orders relating to eggs, bacon, butter, dried fruit, meat and poultry, and by Directions made in May, 1950, under the 1926 Act those suspensions were continued (except for eggs) until 24th May, 1951. The Orders, as applied to bacon and ham, dead poultry, certain classes of chilled, frozen, boneless and salted meats and edible offals, and of salmon and sea trout, are administered by this Department, and they provide that such foodstuffs shall bear an indication of origin. A further object of these Orders is to ensure that the above foodstuffs shall be easily identified when exposed for sale.

Inspections carried out by the Meat Inspectors did not disclose any contraventions.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1952.

Slaughterhouses.	Central Market			Meat Shops		Fish Shops		Provision Shops.		Fruit Shops.		Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.	Food Preparing Factories.	Goods Stations.	Restaurants.
	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.						
1,573	723	736	623	1378	794	61	6	957	674	1111	50	359	58	1155	59	24	3

TOTAL WEIGHT OF MEAT AND OTHER FOODSTUFFS
CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1952 was 462 tons, 5 cwts., 1 qr., 13 lbs., comprising :—

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	143	19	—	24
Offals	131	3	1	17
Provisions	161	—	3	15
Fish	1	17	2	3
Fruit and Vegetables	24	4	1	10
	<u>462</u>	<u>5</u>	<u>1</u>	<u>13</u>

The following figures show the total weights of carcasses and offals, fish and provisions, etc. (excluding fruit and vegetables) condemned since 1937. For comparison these figures are given at intervals of five years :—

	tons.	cwts.	qrs.	lbs.
1937	109	7	3	23
1942	204	16	1	11
1947	328	1	3	15
1952	438	1	—	3

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year 1952, numbered 6,815.

Bacteriological Examinations.

During the year, 58 specimens were sent to the Public Health Laboratory for bacteriological examination for the presence of pathogenic organisms, 50 of which were found negative and 8 positive, as follows :—

<i>Material examined.</i>	<i>Result of Examination.</i>	
	<i>Negative.</i>	<i>Positive.</i>
Specimens from 19 beef carcasses	17	2
Specimens from 4 pork carcasses	4	..
Tinned sausages	5	1
Tinned hams	5	2
Tinned milk	8	..
Mussels	3	1
Sultanas	7	2
Pork chop and gravy	1	..

SLAUGHTERHOUSES.

Five slaughterhouses are in use within the City for the slaughtering of cattle, calves, sheep and pigs, and as these are occupied by the Ministry of Food on behalf of the Crown, licensing of the premises by the local authority is unnecessary.

Two slaughterhouses are licensed within the City for the slaughtering of horses, one at the Cattle Market and one at Byker Hill.

All the slaughterhouses have been regularly inspected, a total of 1,573 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, two slaughtermen's licences were granted during the year, making a total of 57 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

POULTRY AND GAME, FISH, FRUIT AND VEGETABLES, PROVISIONS, &c., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1952.

Poultry and Game.	Provisions, &c.	Provisions, &c.—continued.	Provisions, &c.—continued.
Pigeons—55	lbs.	Flour (Rice)	lbs.
Poultry—118	—	Flour (Soya)	2,688
Rabbits—86	1,269	Ham and Salad Sandwiches—624	2,688
	1,139	Honey—3 jars	—
Fish		Hops	15
Fish (various)	lbs.	Icing Sugar	53
	4,457	Jellies—597	—
		Lemon Curd	7
		Lentils	14
Fruit and Vegetables.	lbs.	Macaroni—3 tins	364
Apples	11	Margarine	3
Apricots	68	Marshmallow—1,760 cartons	—
Bananas—23 bunches	—	Mayonnaise—12 jars	—
Beans	547	Meat Pies—862	—
Carrots—120 boats	119	Mince-meat—10 jars	—
Cauliflowers—1,369 crates	—	Mixed Peel	24
Cherries	266	Molasses—3 tins	19
Currants	634	Mustard	14
Dates	278	Nuts—43 packets	—
Dried Fruits	1,277	Oatmeal	173
Dried Vegetables	3,701	Oats	1,305
Figs	115	Pepper	8
Lentils	62	Pickles—98 jars, 15 tins	—
Lettuce—40 crates	—	Pig Cheeks	18
Onions	1,232	Pig Feet—10 kegs	—
Parsley—6,240 packets	—	Pig Heads—5 bags	—
Peaches	30	Potato Crisps	8
Peas	1,685	Rice	1,109
Plums	8,344	Rissoles—8	—
Potatoes	142	Sago—122	233
Prunes	645	Salad Dressing—27 tins, 122 jars	—
Raisins	466	Sandwich Spread—22 tins, 163 jars	—
Spinach—127 boxes	—	Sauce—77 tins, 31 bottles	—
Sultanas	303	Semolina	1,190
Tomatoes—9 boats	55	Skimmed Milk Powder	100
Watercress—36 chips	—		
		TINNED GOODS.	lbs.
		Baby Foods	36
		Egg	66
		Fish—297 jars	—
		Fruit—1,246 jars, 380	1,975
		bottles	29,533
		Fruit Juice	282
		Fruit Pulp—18 drums	—
		Fruit Puree	95
		Jam—125 jars	196
		Marmalade—7 jars	88
		Meat—71 jars	697 54,993
		Milk	3,744
		Puddings	109
		Soups	524
		Spaghetti	49
		Sweetcorn	19
		Vegetables	12,311

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year, 7,562 visits were made to a total of 2,382 premises, including 1,672 in respect of which reports were received at the Veterinary Department of the presence of rats or mice. Inspection of the premises showed that rats or mice were found infesting 1,514, the remaining 868 being found free from evidence of infestation. Third Party Control work (i.e., baiting, etc.) was carried out on all of the infested premises.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Number of reports received.....	1,802
Number of properties where evidence of the presence of rats or mice was found	1,514
Number of visits made.....	7,562
Number of poisoned baits laid	26,168

	TYPE OF PROPERTY.			Total.
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	
Number of properties inspected	1,083	3	1,296	2,382
Number of properties found to be infested by rats	304	..	523	827
Number of properties found to be infested by mice	335	..	352	687
Number of infested properties treated by the Local Authority.....	639	..	875	1,514
Number of " block " control schemes carried out.....				160

H. THORNTON,

VETERINARY OFFICER.

REPORT OF THE
SCHOOL MEDICAL OFFICER

VII—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE.

RESUME OF WORK DONE BY THE SCHOOL HEALTH SERVICE DURING 1952.

The year 1952 showed further steady progress in the School Health Service. It is a pleasure to report that on the whole the health of the school child was good and in fact the general condition and nutrition of recent years was maintained. Since the new classification indicating the general condition of school children was instituted by the Ministry of Education in 1948, it is of interest to note how the position has improved during the five years in Newcastle, as shown in the Table below. The percentage of children assessed as being of poor general condition was 2.54 in 1952 and 8.72 in 1948. These figures are derived in the main from the work of a medical staff which has not varied much in its composition during the last five years. The slight rise indicated last year in Class "C" has been noted and the position will be watched.

YEAR	A. (Good).	B. (Fair).	C. (Poor).
1948	48.81	42.47	8.72
1949	51.78	41.43	6.79
1950	53.63	41.94	4.43
1951	48.04	49.63	2.33
1952	54.18	43.28	2.54

The number of individual children found to be verminous at inspections in 1951 was 6,262 or 6.93% and in 1952 the corresponding figures were 6,481 or 7.08%. This is not a pleasing record and too often is the source of infection of other and older members of the household.

It would appear that after 4½ years working with the facilities provided by the Regional Hospital Board and the Teaching Hospitals, a very satisfactory and increasingly efficient combined service is readily available for the school child. The general practitioners are kept fully informed and are consulted freely about their school child patients. It is noted that an increasing number of children is referred by the family doctor to the School Health Service for minor ailments and for assistance in placing at special schools or hospitals.

The following statistical tables give details of the work carried out by the various sections of the School Health Service.

Ministry of Education
Medical Inspection Returns

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants .. ..	..	..	..	..	6,028
Second Age Group .. ..	..	..	..	..	3,467
Third Age Group .. ..	..	..	..	..	2,318
TOTAL.. ..					11,813

Number of other Periodic Inspections 599

GRAND TOTAL 12,412

B.—OTHER INSPECTIONS.

Number of Special Inspections .. ..	..	..	..	..	10,155
Number of Re-Inspections .. ..	..	..	..	..	2,510
TOTAL.. ..					12,665

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	76	898	943
Second Age Group ..	295	342	591
Third Age Group ..	207	145	324
Total (prescribed Groups)	578	1,385	1,868
Other Periodic Inspections.. ..	51	99	136
Grand Total	629	1,484	2,004

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects.	
		Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment	Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	71	14	851	95
5	Eyes—				
	a. Vision	629	36	—	343
	b. Squint	149	26	—	41
	c. Other	46	11	287	52
6	Ears—				
	a. Hearing	38	25	—	71
	b. Otitis Media ..	38	23	175	21
	c. Other	36	6	195	73
7	Nose or Throat	433	263	411	526
8	Speech	86	16	—	79
9	Cervical Glands	21	36	83	92
10	Heart and Circulation ..	52	36	—	51
11	Lungs	70	186	—	225
12	Developmental—				
	a. Hernia	14	10	—	5
	b. Other	6	5	—	—
13	Orthopædic—				
	a. Posture	39	7	—	16
	b. Flat foot	134	14	—	44
	c. Other	228	63	62	120
14	Nervous System—				
	a. Epilepsy	5	6	—	6
	b. Other	—	4	—	26
15	Psychological—				
	a. Development ..	17	17	—	5
	b. Stability	28	23	—	10
16	Other	110	51	1,241	716

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING
THE YEAR IN THE AGE GROUPS.

Age Groups.	No. of Pupils In- spected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,028	3,266	54.18	2,609	43.28	153	2.54
Second Age Group	3,467	1,247	35.97	2,125	61.29	95	2.74
Third Age Group	2,318	960	41.42	1,314	56.69	44	1.89
Other Periodic Inspections ..	599	392	65.44	189	31.55	18	3.01
TOTAL	12,412	5,865	47.25	6,237	50.25	310	2.50

TABLE III.
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	91,478
(ii) Number of individual pupils found to be infested	6,481
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	6,481
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	32

TABLE IV.—TREATMENT TABLES.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanness, for which see
Table III).

					Number of cases treated or under treatment during the year.	
					by the Authority	otherwise
Ringworm— (i) Scalp					90	4
(ii) Body					305	6
Scabies					18	—
Impetigo					653	8
Other skin diseases					17,794	401
TOTAL					18,860	419

GROUP II—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	2,256	3
Errors of refraction (including squint). ..	2,456*	1,800
Total	4,712	1,803
Number of pupils for whom spectacles were (a) Prescribed	1,374*	—
(b) Obtained.. ..	1,379*	—

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	2
(b) for adenoids and chronic tonsillitis	—	335
(c) for other nose and throat conditions	—	130
Received other forms of treatment ..	2,464	59
Total	2,464	526

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	76	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient depts. ..	1,943	62

GROUP V—CHILD GUIDANCE TREATMENT

					Number of cases treated	
					in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics					—	41

GROUP VI—SPEECH THERAPY

					Number of cases treated	
					by the Authority	otherwise
Number of pupils treated by Speech Therapists					234	—

GROUP VII—OTHER TREATMENT GIVEN

					Number of cases treated	
					by the Authority	otherwise
(a)	Miscellaneous minor ailments	..			8,390	271
(b)	Other than (a) above (specify)	..				
	1. Heart and Circulation	..			—	14
	2. Rheumatism and Chorea	..			—	12
	3. T.B. Conditions	..	..		—	17
	4. Other Chest Conditions	..			—	63
	5. All Surgical Conditions excluding T.B.	..	..		—	73
	Total	..	..	..	8,390	450

APPENDIX I.

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

(Contributed by K. N. Ogden, Esq., Clerk to Executive Council).

The following data on the work of the Executive Council for the City is supplied :—

On 1st January, 1953, there were 184 doctors on the Medical List ; 84 dentists on the Dental List ; 86 pharmacies, and 16 surgical appliance suppliers on the Pharmaceutical List ; and 9 ophthalmic medical practitioners, 74 ophthalmic opticians and 3 dispensing opticians on the Ophthalmic List.

The total number of persons on doctors' lists as at 1st January, 1953, was 286,291 which was equivalent to 98·81 per cent. of the population of the City based on the Registrar General's estimate. The medical services available were surveyed during 1952, and for this purpose the City was divided into three main areas—West, Central and East. After considering the number of doctors practising in each of these sub-divisions of the City and taking into consideration the number of persons for whose treatment they are responsible, the whole of the East area was classified as “ Designated,” that is to say any application from a new doctor to set up a practice will be granted automatically. The Central (excepting the Jesmond District) and West Areas were placed in the category of “ Intermediate ” areas—admissions to the Medical List cannot be assumed to be automatic. In each of these areas, applications to start a new practice must be considered in the light of circumstances and the available existing medical manpower at the time. The Jesmond district is the only district in the City in which the Medical Practices Committee have decided the number of practising doctors is adequate. It has, therefore been classified as “ Restricted ” and normally applications to start new practices will not be granted.

1,760,757 prescriptions were dispensed during the year ended 31st March, 1953, The total cost is not yet ascertained, but the amount for the previous year for 1,797,313 prescriptions was £364,452.

During the year ended 31st December, 1952, maternity medical services were provided in 2,110 cases in 1,297 of which the doctor providing the services was in attendance at the confinement. The

gross fees paid for maternity medical services for the year ended 31st March, 1953, was £19,405 17s. 7d. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the Supplementary Ophthalmic Services, 40,818 sight tests were given during the year ended 31st March, 1953, and 32,864 pairs of glasses supplied in addition to 2,930 pairs of bifocals and 2,353 single lenses. No glasses were prescribed in 4,026 cases, and in 937 cases, patients were referred back to their own doctors.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1953, was as follows :—

	£
General Medical Services	502,753
Pharmaceutical Services	358,200
General Dental Services	173,686
Supplementary Ophthalmic Services.....	62,031
Administration	14,290
	<hr/>
	£1,110,960
	<hr/>

This was equivalent to £3 16s. 8d. per head of the population.

The following members of the Local Health Authority served on the Executive Council during the period, viz: Ald. J. Chapman, Coun. Mrs. M. B. Fenwick, Ald. Mrs. D. A. Fitzpatrick, Coun. R. M. Henderson, Coun. Mrs. I. McCambridge, Coun. Mrs. C. C. Scott, Coun. T. D. Smith, together with the Medical Officer of Health,

APPENDIX II.

THE MORTALITY OF BIRTH.

Contributed by F. J. W. Miller, M.D., M.R.C.P., D.C.H., Lecturer in Paediatrics, Department of Child Health, University of Durham, Clinical Adviser in Child Health to the Local Health Authority and formerly Child Welfare Medical Officer, City of Newcastle upon Tyne.

The preservation of infant life has been one of the most dramatic aspects of the changing medicine of the last 50 years, and as a measurable index of that change it is customary to quote, year by year, the varying infantile mortality. The facts are familiar: a fall from 150 deaths of children under the age of one year per thousand live births to 30 deaths per thousand live births. This figure represents the cumulative effect of all the causes of death during the first year, and within this short space of time many different factors affect the children. First there is the loss of children born so prematurely or malformed that they are unable to establish independent existence; secondly the loss of children born alive but who die shortly afterwards because they have been injured by the process of birth. These two groups form the great bulk of deaths in the first few days after birth. Causes associated with independent life, mainly infections, do not begin to show themselves until the second week after birth, but thereafter become more and more important.

In the beginning infantile mortality was the only index of infant loss, but between 1900 and 1910 when further analysis of the time of death had revealed the inadequacy of this figure to demonstrate the effect of the various operative causes, infantile mortality was subdivided into neonatal mortality, referring to the first month of life, and the mortality of the next 11 months (now called the Post-natal Mortality). Since then it has been recognised that the mortality of the first month has fallen relatively much slower than that of the next 11 months, which is to say the fall in mortality has been due more to the control of those factors acting after birth than those factors which produce premature birth, congenital abnormality, or birth injury. As the infantile mortality has been progressively reduced this method of expression, in its turn, has become inadequate, for if we look at the vital statistics of any large population in America or in Western Europe, we now see that more infant deaths occur in

the first week than in the remainder of the first year. For example, in Newcastle upon Tyne, in 1951, there were 230 deaths under the age of 20; 88 of these were in the first week of life, 78 from the end of the first week to the end of the first year, and 64 from the end of the first year to the age of 20. The same proportions are found for England and Wales. Thus, despite the great reduction in infant mortality we see that the first few days of life are still the most dangerous and are the point to which future attack must be directed.

But these figures concern only the deaths of liveborn infants, *i.e.*, infants who breathe or show other signs of life after complete expulsion from the mother. Stillbirths are not included, *i.e.*, "any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any signs of life."

If we do look at the facts relating to stillbirths we find that almost as many infants are stillborn as die in the first year of life (Table I). It is, of course, necessary to have a legal definition of livebirth and stillbirth and to record those births for legal purposes, but for the purposes of medical and biological research, and in order to get a true picture of the loss of infant life, stillbirths must be considered with those infants dying shortly after birth. The old measuring rods of stillbirth rate, neonatal mortality rate and infant mortality rate, when considered together are not now adequate to reveal the present situation. To show how much of the loss of infant life is related to birth, and to get a clear picture of the significance of this period, we must devise a new rate, grouping stillbirths and the first week deaths, and expressing the result as the number of infants lost per 1,000 total births. This has been called the perinatal mortality.

TABLE I.

INFANT LOSS IN CERTAIN LARGE TOWNS IN ENGLAND AND WALES, 1951.

(Data from Registrar-General's Annual Report.)

	<i>Total Births.</i>	<i>S.B.</i>	<i>Infant Loss.</i>		<i>Rates per 1,000 Births</i>		
			<i>1-7 days.</i>	<i>1-52 wks.</i>	<i>Perinatal.</i>	<i>Infantile.</i>	<i>Total.</i>
England and Wales .	693,514	15,985	10,502	9,721	38	14	52
Croydon	3,670	77	40	29	32	8	40
Bristol	6,965	15	73	67	32	10	42
Newcastle-on-Tyne . .	4,808	118	88	78	43	19	62
Salford	3,204	104	55	52	49	17	66
Kingston upon Hull .	5,748	134	106	152	42	27	69

I have prepared Table I, showing the perinatal mortality for England and Wales, Newcastle upon Tyne, and the two highest and the two lowest of the 20 large towns in England and Wales in 1951, and Table II, showing the trend of perinatal mortality for England and Wales since 1928. Thus the total infant loss in the first year per thousand births in England and Wales is 52, and of those 38 infants are dead by the end of the first week. In the large towns this rate is variable, from 40 in Croydon to 69 in Kingston upon Hull. By this method the total loss of infant life can be divided sharply into loss associated with birth and the remainder of the first year, and we see that although there is considerable variation in the perinatal mortality from 32 in Croydon to 49 in Salford, it is not so variable as the post-natal causes with 8 in Croydon and 27 in Kingston upon Hull. The post-natal causes have been widely studied and we know that they are a reflection of the total social atmosphere of the city, a compound of social status, economic position, maternal capacity, size of the family, opportunity for infective illness and the adequacy of treatment.

TABLE II.

TREND OF PERI-NATAL AND 1-52 WEEK MORTALITY.

ENGLAND AND WALES.

(Data from Registrar-General's Annual Reports.)

	<i>Peri-natal Mortality.</i>	<i>1-52 Week Mortality.</i>
1928	61·7	43·7
1931	63·0	43·6
1936	61·6	36·8
1941	55·5	39·3
1946	45·0	25·1
1949	38·3	16·5
1951	38·0	14·4

In this note, therefore, I wish only to draw attention to the fact that most of the infant loss is associated with the process of birth. Recognising this we next ask ourselves how much do we know of the importance of the different causes. Some loss of infant life is unavoidable ; but we need to know the relative importance of congenital abnormality, prematurity, and the accidents, using that term in its broadest sense, of birth.

Two practical steps spring to mind :—

- (1) Inclusion upon the form of certification of stillbirth of an opinion upon its cause.
- (2) An enquiry into stillbirths and first week deaths, planned to reveal the nature of the conditions causing death and the circumstances under which the deaths occur.

July, 1953.